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Subject of the Localization of the Brain Functions.

AS AN AID TO DIAGNOSIS AND TREATMENT OF INTRACRANIAL DISEASES AND INJURIES.

Read Before the Kansas State Medical Society, at Witchita, Kas., May 13, 1891.

BY D. R. PELTON M. D., TOPEKA, KAS.

GENTLEMEN: In writing a paper upon the subject of the localization of the brain functions, as an aid to diagnosis and treatment of intracranial diseases and injuries, you realize how impossible it will be without a close reference to the anatomy and physiology of this complicated organ.

In no other part of the human system do I consider it so important as when the disease is hidden away beneath the walls of the Calvarium foreign to sight, touch and sound, and often out of the reach of that alert sentinel, pain.

Physiology is our only source for knowledge, as its voice points back to the structural condition and tells us of health or disease. Allow me to say here that the complexity of this structure is only known to be realized.

I will not have time and space to more than give a brief outline of this subject, for a comprehensive exposition would make a large volume. I will therefore content myself by giving land-marks to diagnosis with reference to a few phenomena of a varied nature; and from those, gentlemen, ask you to follow in your mind the long list of similarly constituted diseases, which form the roll of brain troubles.

The brain cells are connected by the commissures, one convolution with another and one hemisphere with its fellow. The sensory centers with the motor and the motor with the sensory, and then the intelectual over all, with its two-fold powers of stimulation and inhibition.

That we may have a perversion of the mental function from injuries of the brain, foreign to the seat of mental faculties, is evident. This I believe is produced through the sympathetic fibers which pass from the frontal convolution to the various other localities.

There are also fibers passing from the frontal lobe, to the cerebellum and from the sensory region to the middle cerebellar lobe, whose function seems to be to facilitate the complete co-ordination and movement of the body with intellegent action. Allow me to suggest here as I pass, that if you should detect a staggering of gait in walking, it should excite suspicion of cerebellar trouble, or injury to the nerve tract extending thereto.

In studying the localization of the brain function, we will consider as briefly as possible, the anatomy and physiology pertaining to the special cases we wish to illustrate.

We will divide the cerebrum into three regions. First, the intellectual, which is supposed to be located in the first, second and third frontal convolutions, situated anterior to the vertical arm of the fissure of sylvius. Second, the motor region located in the middle lobe of the brain and mostly confined to the first and second central convolutions, between which is located the fissure of Rolando. Third, the sensory region situated in the occipital lobe and the posterior parietal, also clustering around and below the sylvian fissure. It would be well to remark here that the functions are bilocular, each hemisphere presiding over the opposite side of the body, in sensation and motion.

Dr. M. Luys says that the left hemisphere precedes the other in development and in function, also exceeds its fellow in weight by

108 grains. If this is so then we can account for the great frequency of right-handed people; and also the left center for speech as located by Broca. As the child uses the first development of *faculty* for speech, it increases the energy in that hemisphere and it predominates through life.

Commencing at the vertex in the motor region, we have the center for leg movement occupying space in front and behind the fissure of Rolando, and lateral to the longitudinal fissure. The arm movement is situated about the upper part of the middle third, and on either side of the Rolando fissure; then passing down the anterior central convolution, next in order is the center for the elevation of the mouth, and next below for depression of mouth and the movement of the muscles of the face.

Near the vertical arm of the fissure of sylvius, we find the center for lip and tongue movement; and just below and anterior to that center is Broca's center for speech. Then going back to the foci of arm movement in the posterior central convolution, we will find the origin for the mechanical movement of the hand. A little below this point is the center for retraction of the mouth.

These are the principle points of the origin of motion, I mean, gentlemen, intelligent movement, for we must remember a reflex motion can originate in the cord, also involuntary action of the heart, lungs and other organs in the medulla, but always from a neucleus or center of gray matter.

In considering the sensory function, we do not have them so well defined, but, thanks to the persistence of Dr. Clark, Brown-Sequard, Maudsley and others we have somewhat progressed in the localizing of sensory function.

We believe the muscular sense to be situated in the inferior parietal, and occipital convolution below the inter-parietal fissure. Just inferior to this center in the upper part of the angular gyri, is the center of touch, then directly below, in the cuneus is the reception of sight.

Now passing forward to the first temporal convolution in its posterior extremity, we come to the sense of hearing, while in the anterior portion of the same gyri, is the origin for language. Then passing to the middle sphenoidal convolution, in front we locate the sense of smell, while just back of its foci is the center of taste. We understand that their focal centers are all located in the cortical gray matter of the brain. This cortical substance is made up of seven layers as given by some, while others recognize but five.

It is composed of brain cells of different shapes and sizes of which I will not now speak, but which are the parts directly operative in the origin of intelligent motion and reception of sensory impressions. We must not entertain the idea that all these focal centers are circumscribed, for indeed, so far as experiments show, they are supposed to interlace and overlap, but I am of the opinion that time and research will reveal a more direct limit to each focal center.

Next, gentlemen, I wish to call your attention to the nuclei and subordinate ganglia, located at the base of the brain, for they enter most materially into the object of my paper. They are said by some one to be the stations wherein impressions are simplified and unraveled for the consideration of the intellectual powers. Of such a power I believe them to be possessed, and perhaps added to that a focal center of convergence of fiber and function.

In considering these ganglia and passing from above downward, first in order is the corpus collosum, which is composed of fibers from both hemispheres, and which bind them together both in function and mechanism, as we shall see farther on. Skipping over many important structures we will come to the Thalamus Opticus with its central gray matter; and just outside of it is the Internal Capsule, and directly outside of the capsule, is the lenticular and caudate nucleus. Now, below the optic thalamus is situated the crura cerebi made up of fibers coming from the pons and medulla which are in the same order below. Around the pons and medulla cluster the twelve pairs of cranial nerves, or nerves of special sense and which are of special interest to us in locating brain lesions aside from their own special function.

Next in order we will consider the ventricles of the brain. Commencing from below we

first have the fourth ventricles, located between the posterior pillars of the medulla and the cerebellum, connected by the iter and sylvian duct with the third. Along the floor of the fourth ventricle and iter, are located the roots of the third, fourth, fifth, sixth, seventh, eighth, ninth and tenth, nerves which may be easily affected, as you will see, by hemorrhage or effusion into the fourth ventricle and into the iter; also the first and second nerves lie in close proximity and directly beneath the optic thalamus, and their loss of function gives us land-marks to the localization of brain leisons. The third ventricle and the two lateral communicate by the foramen of Monroe, the third lying between the thalamus and the fornix, the lateral on either side of the fornix, above the third, and directly beneath the corpus collosum. The fifth is located anterior to and beneath the lateral ventricles in the septum lucidum.

It is quite important to locate the middle meningeal artery, both on account of its frequent source of hemorrhage from injuries, and from its lying near the field of operations; you will observe it is located just beneath the cranial wall in a line about one-half inch behind and lateral to the vertical arm of the sylvus fissure, and along the anterior inferior angle of the parietal bone; one branch lying over the anterior central convolution the other lying over the interparietal convolution. These arteries are the frequent source of traumatic hemorrhage, which forms clots and press upon the different centers for motion when injured.

Now returning to the gray matter of the cortex, as before stated we find that the polar extremity of the brain cells, are in communication with the fibers of the white substance; and these white fibers converge toward the lenticular neucleus, through which they pass. These fibers are the conductors of the nerve fluid, which is the prime factor in causing muscular contraction, by stimulating the muscular fiber. All the motor fibers for the spinal system pass through the corpus striatum, with the anterior two-thirds of the posterior arm of the internal capsule, from thence near the optic thalamus, to the crus-cerebri.

The sensory fibers pass up from the posterior pillars of the medulla, through the crus-cerebri, then through the optic thalamus, and posterior third of the internal capsule and the lenticular nucleus to the sensory center for reception.

By considering for a moment, the course of these tracts, we can understand how a tumor or an injury of these fibers in any part between the cortex and the periphery can disturb their function, either in convulsion by irritation, or in paralysis by loss of continuity.

But the question arises, how can we diagnose a cortical lesion from a basilar one.

We will take a case of hemiplegia; if it came on suddenly after a blow on the head and speech sight and sound return with reaction, we should suspect hemorhage from the meningeal artery, producing compression of the leg and arm center, in the cortex; this would be easy of diagnosis.

But again we have a case where paralysis comes on gradually without any external causes for such disturbance, its progress is continuous and unremitting and gradual loss of sensation intervenes, on the same side; where now may we look for disease. Generally below the cortical motor center, perhaps in the corpus striatum, because it would be a great lesion if it covers both the motor and sensory region.

Now if we have developed in addition to the above, contraction or dilation of the pupil of one eye, on the opposite side of the paralysis of the limbs, with ptosis of the lid and disturbance of vision, we would be justified in saying in the *pons or crus-cerebri near the junction with the pons, and again, if instead of disturbance of vision, we have respiratory trouble, or perhaps deafness, and may be diabetus insipidus, we would then be justified in locating the trouble in the medulla oblongata or contiguous thereto.

In order to find the cause of this functional disturbance, let us inquire further into the nature of the lesion; we have said it came on slowly; is it a tumor, an emboli, or thrombi, with softening? Our first inquiry is into the constitutional condition of the patient. Is she a rheumatic subject, can you detect a murmur in the heart's systolic action, or is she recover-

*Gower.

ing from a condition favorable for fibrinous deposits, as in pregnancy, if so, we may fear an emboli in the vessels of the thalamus and a degeneration is spreading in the motor and sensory tracts.

Again we inquire, has she a syphilitic taint, if so and the paralysis be *local*, we may suspicion a nodule from the inner table or a gummacious tumor; but if of a *general* character, we may suspect thrombi from degeneration of the thalmic arteries.

Age we remember, favors a degeneration of the cerebral vessels, and may be taken into account.

If you are called to see a patient who received a blow in the lower occipital region, (as no doubt some of you have been) and the patient is insensible, respiration normal or full, pulse rather irregular, but he rallies in a few hours and you find ptosis of lids and conjugate deviation of the eyes, the pupils rather contracted and insensible to light, but the conjunctival sensation normal; what have you? An injury of the pons and optic tract. Now it is either concussion with extravastion of the blood, or effusion of serum into the fourth ventricle pons, or iter pressing upon the nucleus of the third, fourth and sixth nerves, while the loss of sight, might be due to the injury of the cuneus the receptive center of sight, it would not account for the disturbance of the third, fourth and sixth nerves, but might affect the ciliary branch. In about forty-eight hours sight rapidly returns, the lids can be elevated and the oculo motor function is restored with some slight blurring of vision.

The rapid return of sight will discard hemorrhage also disorganization of brain tisues, completely, and will confirm a diagnosis of effusion into the fourth ventricle pons or iter. As such an event will compress the nucleus of these nerves, which lie directly beneath this point. You will remember that the fibers of the sixth nerve after entering the pons, pass near the root of the fourth and third nucleus, and are quite superficial, which will account for those three being more readily affected.

But again, gentlemen, we have a patient with aphasia or paralysis of speech; if the patient retains the power of writing, then we can say that the mental speech center or that of Broca is intact, and the disease must be either in the word center, or in the laryngeal nerve neucleus of the medulla. If we can exclude the medulla by absence of the complication of the other nerves, then we can locate the lesion in the word center, or the fibers between this and the center of Broca. There is one thing, gentlemen, that it is well to remember, and that is that in the young, where there is disease of Broca's center, or interception toward motion, on the same side, that there is a chance for recovery by cultivation. It is said that the mental speech center in the right-handed person is on the left side, and the center for automatic speech is on the right. Cultivation of the right center, after loss of Broca's center, will in some cases at least restore the powers of articulation, if taken in childhood,

But there is another peculiar fact of which we are convinced, that where there is a loss of word motion, on the left side, from diseases between Broca's center and word center, in time speech is restored by the impulse passing from Broca's center, through the corpus collosum into the right side word center, and thence to the muscles of articulation. But if a tumor should press upon both tracts from Broca's center, then all communication except by hand movement would be destroyed. And again if complete amnesic aphasia exists or in other words, total loss of memory for words, then indeed we know the trouble is located within the caudal portion of the third frontal convolution, commonly called Broca's center.

I have conceded the ability of all to diagnose central from peripheral trouble, cranial from spinal, functional from structural.

This can be generally done by a careful study of symptoms compared with localized function.

Pain and vomiting are not a constant symptom of any brain leison or any locality, but when pain is unremitting and severe within the cranial walls it has much weight in the matter and when accompanied by vomiting it is of greater significance.

In monoplegia the lesion is most likely to

be formed in the cortical substance of that motor center corresponding to the member affected or directly beneath in the white substance.

If the paralysis is multiple and hemiplegic in character, it is located at the base of the brain on the opposite side of the body from the paralysis.

If it is paraplegic and within the cranium it must be located at the base so as to affect both motor tracts, otherwise in the cord.

To differentitate brain lesions from hysteria is not always easy, for it is mimicry stalking in the grave clothes of diseases, and may deceive the very elect.

But in this we will be guided by the general phase of the functional disturbance of hysteria compared with those of brain lesions.

To enter more fully into the differential diagnosis would make my paper too voluminous and impose upon the favors of my hearers.

Could I have used sentences of deeper thought and words more terse in meaning, I might have aided to greater conceptions of these cerebral diseases. But trusting in the natural ability of my hearers I will pass to other considerations.

I have gone rapidly over some points of diagnosis from localization of brain function. If there is difficulty in diagnosis of diseases of the chest, of the abdomen, and of the pelvis, how much more those from which all physical examinations are denied.

We have come now to a part which is less difficult, but no less important; a part of the subject which is often made the center around which clusters a halo of glory, showing forth the brilliancy of surgical skill. It is no small thing to endanger the patient by operating upon the brain experimentally, and yet it is often done. When we have located the trouble and find the operation a justifiable one, then where are our landmarks for such an operation? I will not give the various lines and measurements by as many authors, but simplify in my own way. I give a diagram of a cephalomater below, with its application to the head.

Or draw a line from the meatus auditorius externos, to the vertex, another at right angles, so it will strike the supra orbital

Auriculo Bregmatic; Arm in place.

[*This diagram represents a cephalomater of my own construction, a modification of Broca's and constructed for a different mode of application to the cranium. It is composed of two flexable steel bars soldered at right angles. One arm is to be placed just at the lower border of the supra orbital ridge and the lower portion of the auriculo bregmatic arm directly over the meat. aud. extern.; the vertical portion in an ordinary sized head will be two inches anterior to the upper extremity of the Rolando fissure and the two bars cross about one-half inch below the lower extremity of said fissure.*]

ridge; the lines will cross at about one-half an inch below the lower extremity of the Rolando fissure, and the vertical line will cross its lower extremity near the face center; draw another line paralell with the perpendicular line and two inches posterior to the same, and you will strike the vertex at the upper extremity of the fissure of Rolando; now add to this a line from the posterior vertical line, above diagonally down to within one-half an inch of where the first and second lines cross, and you will pass directly over the whole length of the Rolando fissure; now locate your lesion, according to the points affected, avoiding the meningeal arteries. This is I believe the point of departure in most all brain surgery. By measurements from these three lines, you can get a comparatively correct location of the different centers of motion. I will omit the details or technique of operation, and only say, that rapid strides are being made in cerebral surgery, towards success, not so much from more skilful use of the scalpel and saw, as from a clear conception of diseases, and the ability to interpret the nervous phenomena.

Complete success is not yet ours, more than

in other branches of the medical science, but I believe you will agree with me, when I say that in a knowledge of the anatomy and localization of brain function, lies the possibilities of progress. Abscesses in cerebral substance can be opened, tumors successfully excised and blood clots turned out, and if we can unhesitatingly diagnose effusion, into the lateral ventricles, I believe they may be operated upon and the fluid removed. There is much in this field yet unexplored, but the fruits of such labors, urge us on to the goal of success.

Report of a Case of Linear Craniotomy for Microcephalus.

BY J. C. M'CLINTOCK, M. D., A. M., TOPEKA.
PROFESSOR OF THE PRINCIPLES AND PRACTICE OF SURGERY AND CLINICAL SURGERY IN THE KANSAS MEDICAL COLLEGE.

The subject, Hellena C——, was three years and eight months old, though she had the appearance of a child not over one year of age, was prematurely born at eight months. The mother says that the labor was rapid, natural and easy, and no instruments were used. For several weeks she appeared as other children, but the anterior fontanelle closed early, from which time the frontal portion of the skull did not develop and the child seemed as an idiot.

Her general nutrition was very much interfered with and no muscular power developed. She could scarcely raise her hands or feet, has never been able to sit up and has required the constant attention of her mother from birth to the present time.

The child never noticed anything until it was two years of age when she could be attracted by sounds and it was not until the last year that the child has ever smiled. She is totally blind, probably due to the pressure on the optic nerves, and shows only the faintest signs of intelligence.

Two years ago the orbital plate of the frontal bone gave way to the intra-cranial pressure, displacing the right eyeball from its orbit. The knee joints, a few months ago, became very painful and the muscles of the lower limbs contracted. The right tibia, fibula and the left femur became curved, from rachitis, due to the malnutrition and consequent imperfect development.

The appearance of the child is well shown in the engraving here presented.

Fig. 2.—From photograph taken before the operation.

You will see that the head was very narrow, the forehead low and the absence of intelligence in the face quite apparent. The protrusion of the right eyeball was undoubtedly due to the effort of the brain to escape from its narrow cranial walls. How very narrow these walls were may be readily seen by the smaller tracing as presented in figure 2, which is the exact size and shape of the frontal portion of the skull as it then appeared. What change has taken place in the development and growth is shown in the outer line of the tracing taken four months after the operation. The line is drawn upward and across the head from a point one-half an inch posterior to the external angular process of the frontal bone to a corresponding point on the opposite side. A wonderful growth in the time and the only growth since the birth of the child. The child was removed to the hospital, her head shaved and an antiseptic dressing worn for a couple of days. The operation was then undertaken in the hope of giving the child some benefit.

The child took chloroform very well and the operation was performed in an aseptic manner, on March 28, 1891, in the presence

of Drs. Pelton and Bailey, with the assistance of Drs. Lindsay, Sheldon and Ward.

An incision was made from the glabella to the obelion, the scalp reflected each way and two trephine openings made near the posterior superior angle of each parietal bone, one on each side of the longitudinal sinus, and the operation but what could be easily controlled by pressure. The dura was not opened. The parts were irrigated, cat-gut drains were laid in on each side coming out at both the anterior and posterior angles of the wound and the flaps approximated with cat-gut sutures. No antiseptics were used. The

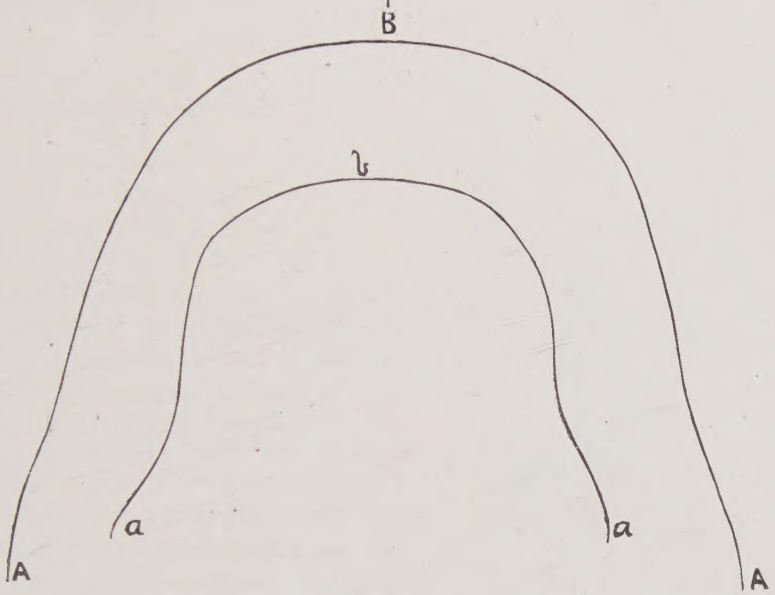

Fig.—2 Line a b a is an exact, tracing taken before the operation, from one-half an inch posterior to the external angular process of the frontal bone over the skull to the corresponding point on the opposite side of the head. A B A is the same line taken four months after operation, and showing the amount of growth of the skull in that time.

from thence with Keen's one-fourth inch rongeur forceps, a cut was made to a point immediately above the eyebrows. From thence the groove was carried directly outward. Again with the rongeur forceps another groove was carried directly outward and downward from the trephine openings, thus making two large flaps of bone which were raised by the tips of the fingers being passed into the groove and pulling directly outward and upward, spreading the one-fourth inch groove to a full inch on each side and leaving a bridge of bone one-half or three-fourths of an inch in width over the longitudinal sinus. The bone was very thick; at one place on the left side it was fully one-fourth to one-third of an inch in thickness.

No hemorrhage was encountered during

patient was put to bed and the next morning the temperature was found to be 103°, the pulse quite rapid. The dressing was changed and cat-gut drains removed. The temperature in a few hours subsided to normal where it remained, and a week later the dressings were removed as they had become soiled from food having been spilled over them. At this time perfect union was found to have taken place throughout the entire length of the incision and two days later the child was dismissed from the hospital.

The mother says that since the operation the child is not so restless as before, she does not cry nearly as much and has required much less attention and care. She takes a delight in stretching her limbs, exercising her muscles, raising her body, and when other children

come near she will laugh and try to get to them to join in their play.

The lower extremities are not so tender and the child tries to play with any little article given into its possession. Before the operation she could only lie on one side, now she will rest when lying on either side. The paralysis that was so apparent before the operation has now almost disappeared, so much so that the left hand is used almost as readily as the right.

You will readily see a marked change in the child's appearance as shown in figure 3,

Fig. 3—From a photograph taken two months after the operation.

from a photograph taken two months after oseration.

In Dr. Keen's recent paper* he gives the report of eight cases, six of which were done on one side of the head at each operation, and two cases Wyeth's and my own in which both sides were operated on simultaneously, and says, "I would certainly deprecate a simultaneous operation on both sides. Probably the additional shock would be very unwise and would add greatly to the mortality, * * *'even the single operation has resulted in two deaths already,'* and if a double operation is done and the two sides of the cranium are forcibly seperated, the danger would seem to me to be far greater."

I would not presume to answer the above criticism on the double flap operation made by so eminent an authority but since in his report he shows that the only deaths resulting, have been in the cases where the single operation was done, I will until the contrary is demonstrated, continue to think that there would be less danger in a case where all the pressure was taken off the brain, as in the double operation.

* American Journal of the Medical Sciences for June, 1891.

The Microscope in Medicine.

Read before the Academy of Medicine and Surgery June 2, 1891.

BY DR. W. A. WILLIAMSON, TOPEKA, KAN.

To follow the improvements of the microscope from the time of its first introduction to the present would doubtless be of interest, but beyond the scope of this paper. I desire merely to consider the aid it renders us in diagnosis. The microscope to-day holds a place second neither to the stethoscope, clinical thermometer or pleximeter. It is only in recent years that its value has been appreciated and its wonderful revelations turned to practical advantage in medicine.

Early investigators, with crude instruments and reagents reduced macroscopical to microscopical anatomy, proving that every organ and tissue was made up of cells. With a knowledge of normal tissue it was but a step to investigate the pathological changes, so slowly but surely the present state of our knowledge of diseased tissues has been reached.

The microscope is probably more used by the practitioner in the investigation of urine than any other branch of medicine, therefore by reason of the necessary shortness of space I will confine myself to that subject this evening. Many diseases of the genito-urinary tract would remain in doubt were it not for the microscope.

Formerly albumen in the urine meant Bright's disease, and the prognosis was invariably bad. Recent investigations prove that albumen may be present in small quantities in persons apparently healthy, and unattended by morbid change in the kidney. By means of the microscope we exclude pus, blood and

casts in these cases. No case should be called Bright's disease without a microscopical examination of the urine. By the variety of casts found in the urine we may obtain a fair idea of the changes taking place in the kidney. In a case of acute parenchymatous nephritis the sediment in the urine shows hyaline and epithelial casts, blood and epithelial scales; later in the case granular casts appear. The associated symptoms are copious albumen, scanty urine, marked dropsy, and usually a history of following some acute disease.

Chronic parenchymatous nephritis occurs in middle aged persons, following exposure, malarial infection, gout or rheumatism. Casts are abundant, large and small hyaline, wavy, granular, fatty, epithelial and blood; epithelium in a marked state of fatty and granular degeneration. The contracted or cirrhotic kidney shows less on the slide than any other form of nephritis. Casts may be absent for long periods; when found are small, granular and hyaline, with perhaps a few epithelial scales. Abundant urine, scanty albumen, uræmic symptoms, aid in the diagnosis.

Crystalloid substances, while their presence in the urine may be determined by chemical reagents, are better classified by resort to the microscope. Obscure and difficult cases are often cleared up by finding these acids or salts in urine. Uric acid appears in the field in all varieties of conditions, appearing as whetstone, dumb-bell and lozenge shaped crystals. Its presence suggests perversion of the intestinal and hepatic function, also in some cases calculus.

Phosphates are common in the urine when feebly alkaline and are recognized by crystalizing in feathery like shape, rhombic prisms and other forms. Earthy phosphates are frequent in meningitis, rheumatism, rickets and leukæmia. The persistent presence of phosphates carries with it a train of symptoms of which nervous irritability, dyspepsia, emaciation, vague lumbar and abdominal pain are prominent. Oxalate of lime is found in the urine in two forms of crystals, envelope and dumb-bell shaped, are differentiated from phosphate by being insoluble in acetic acid, from uric acid by not dissolving in alkalies. The oxalic diathesis is associated with a train of morbid symptoms, dyspeptic, and by hypochondriacal chiefly.

The microscope should always be used for detecting blood in the urine, for while recognizing the blood cells, other substances often appear, as crystals, casts, pus, which assist in diagnosis. The peculiar disk shape of the red blood corpuscle, the absence of a nucleus, all make it easy of detection. A variety of diseases claim hæmatism as a symptom. It occurs most frequently in acute Bright's disease. Injury to any part of the tract may give bloody urine; calculus of the kidney or impacted in the ureter, cancer, cystitis and urethritis, may all cause it, and must be considered in connection with other symptoms. Pus cells appear as yellowish opaque bodies, one-third larger than a red corpuscle. In fresh pus they may exhibit movement; from older cases the cells may be found undergoing disintegration. If the character of the cell is doubtful, the addition of diluted nitric acid causes the granular contents to clear up and the nucleus to become distinct.

Pus in cystitis is usually abundant, accompanied by excess of mucus and ammoniacal urine. Pus from the kidney lacks the mucus and ammonial urine, and may be accompanied by kidney epithelium and necrotic kidney tissue.

Cancer cells may rarely be found in urine in a well enough preserved condition to admit of recognition. When found the cells are oval or caudate, with large nucleii and nucleoli.

The Uric Acid Disease—With Case.

Read before the South Kansas Medical Society at Wichita, Kansas, May 13, 1891.

BY V. E. LAWRENCE, M. D., HALSTEAD, KANS.

Fothergill and a few other authors have given special attention to the subject in hand and it is to them that the profession owes valuable knowledge upon the serious and interesting condition known as the Uric Acid Diathesis or Uric Acid Disease.

We are not sure that the term diathesis is not a misnomer, since it conveys the idea that

the trouble can be acquired only through a peculiar susceptibility of the system or by inheritance.

The accumulation of uric acid is the result of so many abnormal conditions, that we suspect that a special tendency towards the disorder is not necessary in order to become the victim of the disease. It is probable that the term uric acid disease more probably conveys the idea.

As one studies the many causes and the numerous distressing and obscure symptoms, giving rise to and accompanying this affection, he is led to ask "what is the fundamental condition underlying and producing these symptoms and is it susceptible of removal?"

Upon a proper conception of the condition known as the uric acid condition rests the power of the physician to diagnose the disease and relieve his patient.

In reply to the above question we would say that the trouble is produced by the accumulation in the blood of a substance which, while normally found there in small quantities, is, when present in abnormal amounts, a *poison*, and capable of producing its characteristic symptoms, as are the poisons, strychnine and arsenic. This substance is known as uric acid.

Urea is the product of the retrograde metamorphosis of nitrogenous food. Urea is a normal ingredient of the urine and is produced by the oxidation of animal foods. What, then is uric acid? Uric acid is the substance from which urea is formed, but which has not united with as large an amount of oxygen as has urea. Uric acid in the test tube is converted into urea by oxidation. In other words, uric acid is the product of insufficient oxidation.

With this fact clearly in our minds it is not difficult to discover what abnormal conditions may be capable of producing an abnormal amount of uric acid. First, any disorder which may rob the blood of the required amount of oxygen. Second, anything which may prevent a proper digestion of the animal foods, and thus give to the blood the products of digestion in such a shape that the oxygen is unable to properly unite with the same, and third, an excessive amount of nitrogenous foods.

It is known that the blood receives its supply of oxygen from the lungs. Therefore any disease of these organs may retard oxidation. The result is a deficient production of urea and an excessive production of uric acid, since a deficient production of urea is always accomplished by a corresponding increase of uric acid.

A failure of the heart or vessels to carry on their work properly will have the same effect. Stomachic or intestinal indigestion will result in the same accumulation of uric acid, not because of insufficient oxygen, but because the nitrogenous food is not capable of combining with the oxygen.

Thus we see that diseases of the lungs, heart, blood vessels, stomach, liver, pancreas skin, or the consumption of too much animal food may be the primary cause of the production of this poison.

When a poisonous substance is introduced into the body, it may do little harm, provided it is removed rapidly enough. Uric acid is no exception. An abnormal amount of uric acid may continually be produced, but so long as the kidneys succeed in eliminating it, but little evil may follow. Uric acid, however, is a highly stimulating substance to the kidneys and the over stimulation is liable soon to so weaken and disease them that they will be unable to carry on their unusual task, when the symptoms of uric acid disease will show themselves.

All poisons produce their characteristic symptoms and again uric acid is no exception, A patient suffering from this disorder will almost always show some derangement of the nervous system. In fact uric acid is highly a nervous stimulant and capable of producing the long list of distressing symptoms caused by such over-stimulation. We might say that uric acid brings about its evil work upon the line of nervous irritation.

The diagnosis of the uric acid condition is usually difficult, and unless the physician is posted he is almost sure to fail to recognize the deep-seated cause underlying all the symptoms, conclude that the symptoms is the disease, fail to attack the primary cause and

hence fail to cure his patient. There is, however, one sympton, which so far as we are informed, is always present, namely, the "brick dust deposit" of uric acid upon the bottom of the vessel after cooling. The urine is usually small in quantity, of high color and high specific gravity, with acid reactions.

These patients are usually very nervous, of an irritable temperament, despondent, suffer from severe periodical headaches, pain in eyes and perverted vision. The headaches are sometimes prostrating. A strong appetite may precede the headaches for a few days and the urine at the same time may be of light color, owing to the retention of the uric acid, and becoming darker as the headache wears away, owing to elimination of the uric acid.

The dyspeptic symptoms are those usually found in disorders of the stomach and liver. The tongue is coated and the breath offensive.

If the disorder has continued long enough to produce irritation of the kidneys, pain will be felt over those organs, with pain shooting down the inside of the thighs. The bladder may be irritable with frequent discharges of small quantities of high-colored urine. Palpitation of the heart is often present.

Close inquiry into the habits of these sufferers usually reveals that they are consumers of large quantities of meats. Many of them are very fond of and live to a considerable extent upon animal food. Another peculiarity is that they consume *surprisingly small quantities of water*. Some of these patients will assure you that they dislike water and seldom take a drink, confining their use of this article to an occasional mouthful at long intervals. Many of them do not consume in a week as much as a healthy person should in twelve hours.

However numerous and variable the symptoms of these patients, there are three symptoms which are almost always present, and which may be taken as land-marks to guide the physician out of the labarynth of uncertainty. These are: the large quantities of meats, and the small quantities of water consumed, and the fact that the urine throws down the "brick dust deposit." When these conditions are present the physician is warranted in diagnosing the uric acid disease.

There are few chronic troubles more difficult to diagnose and few which respond more kindly to treatment.

The objects of treatment are two: First, to diminish the amount of uric acid formed, and second, to eliminate the excessive accumulation within the blood.

Good air, exercise, plenty of water, less animal food, and those remedies which will cause all the organs of the body to properly perform their functions, will accomplish the first object.

Directions and such remedies as unite with the uric acid to form soluble urates will accomplish the latter. Among the many may be mentioned, sp. Æth., nitrosa., pot., acetat., bicarbonate of potassium, etc., etc. Of late iodine has been used successfully in the uric acid condition.

From a series of articles lately appearing in the *Philadelphia Medical World* by Dr. A. B. Conklin, of Elk Rapids, Mich., we quote the following extract: "Dr. Granville (*Gout in its Clinical Aspects*) differs from other recognized authorities upon the treatment of gout. Instead of giving alkalies to neutralize the acid and stimulate the kidneys to its removal, Dr. Granville denounces the theory of offering to the uric acid a base with which to combine. He believes in breaking up the combinations already existing, flushing out the system, and thus endeavor to diminish the urate of soda, upon which gout depends. With this in view he gives iodine, in combination with some diuretic infusion. Under this treatment he claims that the urine becomes increasingly acid in consequence of the elimination of excessive quantities of uric acid and oxalic acid, there being, in his language, a *shower* of uric acid crystals. Under favorable circumstances, the quantity of urine passed is simply immense, and the burden of uric acid is proportionately increased, while the results surpass those attained by any other procedure. This is undoubtedly an explanation of the efficiency of syrup hydriodic acid, recently set forth by Dr. R. W. Gardner, of N. Y.,as a sovereign remedy in rheumatism, neuralgia, etc. It contains a large per centage of iodine. It may also give us a new view of the manner in which the iodide of potash cures rheumatism."

Case—Mrs. S., aged 40 years, a stranger to me, and presenting a most wretched and emaciated appearance, came to my office about the middle of last July. Said she had been a severe sufferer from periodical paroxysms of headache, coming on for ten years about every two weeks. That they were so severe as to render her unable to look after her small household duties and obliged her to go to her bed. That the attacks had been getting more and more frequent until now she had them nearly every day. That she was very nervous, irritable and despondent. That her food distressed her, that she was very much bothered with the frequent passage of water, being obliged to get up several times during the night and make water many times during the day. That the quantity passed at each time was small and irritating. That there was the brick dust deposite, in abundance. She was not the most intelligent woman and had so little idea of what was the matter that I had considerable trouble in getting a clear history of her case, and it was only after a long inquiry I got the above information. But to my question as to whether she was fond of meats and ate much of them, her reply was perfectly clear, she was very fond of meats and for years had lived upon animal food. She disliked water and scarcely ever took a drink, drinking only a small amount of tea at meals. She had consulted many physicians, but all failed to recognize the primary cause and so failed to help her.

As I had no sample of the urine, I gave her the following prescriptions and asked her to bring to my office a bottle of the urine.

℞ Fl. ext. leptandrin ℥j.
Syr. simp. g. s. ℥viij.
M. Sig. Teaspoonful three times daily.
Also,
℞ Pepsin scales (pure) ʒj.
Strych. sulph. gr. j. (dissolved in alcohol.)
Ac. nitro-muriaticum ʒj.
Syr. simp. g. s. ℥viij.
M. Sig. Teaspoonful after meals.

Ordered that she discontinue the meat diet, that she drink two or three quarts of water daily and that she take exercise in the open air, taking care to fill her lungs full of air.

When she returned to my office with the urine it showed an excess of the uric acid. I then gave her a prescription for

℞ Tr. iodine compound ℥j.
Syr. simp. g. s. ℥viij.
M. Sig. Teaspoonful three times daily between meals.

The headaches soon stopped and after a few days did not return. Six weeks after prescribing saw patient again. Said she had followed my orders fully; that her headaches had disappeared; that she felt better than she had for ten years; that she did not have to get up at night to pass urine, but passed a much larger quantity at a time; that she was able to perform all her household duties and assist her husband, who is a farmer; that her medicine was gone, but that she was feeling so well that she thought she would not take any more at present.

She had gained in flesh, looked happy and cheerful and altogether like a new woman. She is still taking no more medicine and still retains her good health, owing probably to the fact that she eats less meat, drinks more water and takes plenty of exercise.

I looked upon the iodine treatment as rational. It has been successful in other cases since treated by me.

In other cases of the same disease the following prescription has been very useful: I believe it was first recommended by Dr. Henry Parkard.

℞ Carbonate or citrate of lithium grs. xv.
Pulverized sugar ʒjss.
Citric acid ʒiijss.
Bi-carbonate of sodium ʒjvss.
Mix and divide into powders No. xvj.
Sig. Take one in glass of water four times daily.

The Best Method of Prevention of Summer Diseases of Children.

Read before the Eastern Kansas District Medical Society, at Topeka, June 8, 1891

BY A. B. M'CANDLESS, M. D., HOLTON, KANS.

When we reflect for a moment, upon the many painful and dangerous maladies, to the

attacks of which children from the earliest period of their existence are liable, and by which so large a proportion of them are annually destroyed; and when we consider also, that in many, perhaps the majority of cases, these attacks might easily be avoided by a proper attention to those external agents to the influence of which, the infant is subjected from the time of its birth, and which, while they are essential to its existence, become when counteracted of mismanaged, the cause of nearly all its infirmities and diseases. The physician can scarcely be considered as fulfilling all his duties, when he neglects to point out and urge the administration of the means by which the occurence of disease may be prevented, as well as those, which, when disease is already present, are adapted to remove it. I do not hesitate to affirm, and I believe my statement will not be questioned, that a great many of the diseases, and the degree of suffering that occur in infancy, are unquestionably produced by errors commited by parents, and for which physicians are responsible. I wish to emphasize the physician's responsibility, with regard to the infant. I imagine myself sitting at the bedside of the parturient woman. A new being is ushered into the world, and with it comes new cares and responsibilities.

The physician becomes the guardian for the time, of another immortal being. And he asks himself the question proposed in the caption of this paper—only in a more general way—viz.: The best method of prevention of diseases of children.

The seed is there, and will sooner or later spring up and bring forth fruit, if not properly prevented. "Well begun, is half done." If we start right, we have done well. The first want of the little stranger, is a free supply of fresh air. Let the attendant see to it, that it is furnished in sufficient quantity and quality to carry on *well* the function of respiration. As soon as a child is sufficiently old, it should be carried daily into the open air. By no other means can we so effectually secure to it the full benefit of pure, fresh air. Second—Cleanliness is certainly another important factor in preventing diseases. The functions of the skin and the intimate relations existing between it and every other part of the body, point out the necessity of guarding it from whatever is calculated to impede its free and healthful action. "I consider bathing," says an old writer, "as the grand arcanum of supporting health, on which account during infancy, it ought to be regarded as one of those sacred maternal duties, the performance of which, should on no account be neglected for a single day."

The special directions, with reference to this feature of the care of children, physicians should carefully give, the temperature, the frequency, etc. Third—The clothing, is another important element in the care of children. "The essentials in the clothing of children," says a sensible writer of the last century, "are lightness, simplicity, looseness."

By its being as light as is consistent with due warmth, it will neither encumber the child, nor cause any waste of its powers, a matter of infinite importance in after life. The character and amount of clothing during infancy, should be such as to preserve to every portion of the body sufficient and equable warmth. The younger the infant, the warmer should it be clothed, and care be taken that every part of the body be carefully protected. Flannels should invariably be worn, especially in the cooler months. I regard it as of importance, that every part of the child's clothing, should be sufficiently loose, to give perfect freedom to all its movements and prevent compression of its chest, abdomen or extremities.

FOOD.

I now speak of the most important feature of the subject, and which bears more directly on the subject of this paper. The mother's milk is the natural and proper food for an infant. "Nature does not afford, nor can art supply a substitute." And in order that the mother may be enabled to furnish the proper amount and character of milk, it is quite important that her medical attendant should give her suitable instruction with reference to the matter. If we were careful to follow the law that nature has enacted, it would save us many mistakes, and the infant many an ache. Fortunate indeed is the babe that in our day of advanced civilization and city living, can draw

from the breast of a healthy, robust, vigorous, cheerful mother, an abundant supply of pure, health-giving, tissue-building food. I claim then, that every mother should feed, support and nourish her babe solely from her breast, unless contra-indicated by some previously existing disease. Let the expectant mother, by advice of medical counselor, prepare herself for the responsible duties, she will soon be called upon to discharge. Dr. Thayer, of Brooklyn, N. Y., offers this suggestion, which I heartily endorse. "The expectant mother should early in gestation begin to eat—at least three times daily—some form of coarse, cereal food, viz.: oat meal, graham, rye or Indian breads. These articles prepared from the unbolted products of the grain used, contain a much larger proportion of the lime salts, than the preparation of fine bolted flour, of ordinary employment. Now what is the result? She supplies her offspring through the umbilical cord, and afterward through the mammary glands with a pabulum, containing esssential elements for its nutrition. A common and most ruinous mistake, is to resort to constant feeding, as a means to quiet crying. Babies do cry from hunger, but just as frequently from colic or indigestion. Every mother should be so instructed by her physician, that she could easily recognize the difference.

The cry from hunger usually begins after a sound sleep, is not peevish, and stops at sight of the breast. He rouses himself, presents an expression of pleasure, clinches his hands, flexes his limbs, and proceeds at once to business. The cry of colic is violent and paroxysmal. The face is livid and has an expression of suffering. The abdomen is distended and hard. The hands and feet are cold. The legs are drawn up or kicked violently about, and an explosion of wind terminates the attack. Of course the cry of hunger must be relieved by giving food, but this is the very worst thing to do under other circumstances, for it breaks up good habits and produces serious mischief. The pain of colic, and the discomfort of indigestion, are chiefly due to the accumulation of flatus, resulting from the fermentation of food, and mothers soon learn, and infants as well, that the breast milk temporarily relieves pain. This it does in the same way as any other warm liquid. But unlike a simple fluid, milk only adds to the already fermenting contents of the gastro-intestinal canal, and every nursing is followed by more pain, until between crying and feeding, the baby's life is passed in misery, if not brought to an untimely end.

REMEDY.

Decrease the frequency and quantity of feeding, by increasing the intervals between nursing, and abridging the time spent at the breast.

If my next thought, is a digression from the subject, I crave the indulgence of the society. The thought is associated with our duties to the prospective mother, and I present it, because I believe it has a bearing on the subject of this paper. Many of the diseases of childhood are contracted in utero. I want to enter my protest, against the practice of some physicians of prescribing fermented liquors as a needed stimulant. I am persuaded that the physician who does so, takes upon himself wonderful responsibilities. I want to ask you, in all candor, do you run any risk? May it not be possible, you are pursuing a course that will not benefit your patient in any way, but likely to cultivate an abnormal appetite that will prove uncontrollable! And as the precious treasure she carries continually with her, receives its support from the mother, may you not be held responsible for creating an appetite (or that which will grow into one) which will destroy the life you expected to save and benefit. I beg to emphasize this thought, gentlemen; don't give the prospective mother intoxicating liquors. It will do no good, it may do great harm.

There are two underlying principles in life, which apply from the earliest moment of existence until we lie cold in death, viz.: supply and waste. If we study these principles carefully, we can do much to prevent the complaints of children. If these principles are well executed, we have health. If not, disease. It is a conceded fact, I believe, that the natural tendency of disease is to health. The natural condition of life is health. The unnatural, disease. In the natural or healthy condition, we have the vital forces all in harmony. In other words we have vital affinity, every part in affinity with every other part.

When this condition is disturbed, we have an abnormal or pathological condition, viz.: susceptibility. When this condition exists, a conflict is inaugurated. An enemy has invaded the citadel. Nature and nature's laws, come to the help, and as soon as possible, rout the enemy and restore peace. "The natural tendency of disease is to health."

In the summer complaints of children, we find a lack of vital affinity, and increase of susceptibility. Let your best judgment be exercised to aid to a restoration to normal condition.

Study carefully nature's wants and be ready to supply them. In conclusion, the proper methods and ways to prevent summer diseases of children, is the following prescription recapitulated:

First—Pure, fresh air. Second—Scrupulous cleanliness. Third—Proper clothing, properly adjusted. Fourth—Food, proper in quality and quantity, properly administered. Fifth—Plenty of good, healthy, sound sleep. Sixth—Properly regulated exercise. Seventh—Moral training.

Lacerated Cervix—When Should it be Repaired?

BY EMORY LANPHEAR, M. A., M. D., KANSAS CITY, MO.

RESIDENT SURGEON FAIRVIEW HOSPITAL, PROFESSOR OF ORTHOPÆDIC SURGERY IN THE UNIVERSITY MEDICAL COLLEGE, EDITOR AMERICAN JOURNAL OF SURGERY AND GYNÆCOLOGY, ETC.

In the September number of the KANSAS MEDICAL JOURNAL there appeared an article by Dr. S Murdock, of Oneida, Kansas, in favor of operating upon lacerated cervix—the so-called Emmet operation. He ascribes twenty per cent. of all cases of leucorrhœa to laceration of the cervix resulting from a severe labor, and slow "getting up." Most cases owe their origin to the same cause, he says, where the patient complains of pain in the back, sensation of dragging, languor, weakness of the limbs, etc.: and examination shows a deep fish-mouth slit of the os, with edges everted, red, eroded, and bleeding upon touch, menstruation profuse and irregular. In the October issue of the *Kansas City Medical Index*, I saw fit to criticize the sentiment that all these symptoms are the direct result of laceration of the cervix and that repair of the tear will effect restoration to health, as I believe that in nearly every case where "lacerated cervix" is found, associated with distressing symptoms, careful examination will show the existence of subinvolution (probably due to septic processes) or of tubal disease. Nearly every woman who has borne children has a lacerated cervix—"fish-mouth os"—but not one in five has the symptoms enumerated. If proper treatment be instituted for the subinvolution, tubal disease, etc., "Emmet's operation" will be unnecessary. I further was of the opinion that great harm has been done by too frequent operation on the cervix.

Soon I felt very "cheap." One Dr. Murdock, of Chicago, took me to task for my erroneous statements. Of course as a surgeon I have had but few cases—a man is not expected to know much with only a dozen year's experience, even though a considerable part of that time has been spent in dispensary service where from twenty to forty women apply each week for treatment of "female weakness." So, having had so little chance of learning, and having seen but very few thousands of patients either in American colleges or in the clinics of Europe when I was a "globe trotter," as Lawson Tait says, I thought best to suffer in silence which my ignorance and inexperience in things gynæcological should demand.

But I feel better now. "Misery likes company." There is a fellow down in Kentucky who is like myself—he has looked beyond the cervix! His name is Louis S. McMurtry, A. M., M. D., of Louisville; the doctors of the Sunny South have somehow gotten the idea that McMurtry knows a "heap" about diseases of women, and this year he was chairman of the Committee on Abdominal Surgery in the Kentucky State Medical Society; in his report, read at Lexington, May 28, 1891, he said: "Many cases of tubal inflammation and pelvic peritonitis have their origin in forcible dilatation of the cervix or in operation for cervical laceration. In many in-

stances a sub-acute or chronic pelvic inflammation is rekindled into active and even fatal peritonitis by operations upon the cervix. In every instance the appendages should be carefully palpated and inflammatory disease excluded before resorting to these operations. I have seen cases of purulent salpingitis directly traceable to operations on the cervix. The milder degrees of infection following labor and miscarriages, heretofore treated as traumatism, * * * are now known to be due to infection and are daily presented to the gynæcologist in all the varieties of sub-ovarian disease and pelvic peritonitis." Another prolific source of trouble has not received sufficient attention: operations upon the cervix uteri and the use of the curette, sound and intrauterine stem; the usefulness of these methods and instruments is limited to a narrow sphere, he says;

Then there is another who does not regard the Emmet operation as a glittering success. He says (Philaelphia *Medical News*, October 18, 1890) that he does not hesitate to put minor gynæcology in a causal relation with a vast amount of the necessary major pelvic surgery. To use his own words: "First among the causes may be mentioned the Emmet cervical operation. Like many other cervical operations, this, when first described by its distinguished originator, was done by every surgeon without the least consideration of its counter-indications. Very many minor tears of the cervix, in which only a cosmetic effect is obtained by operation, are made distinctly worse by operative interference. In many cases the pain becomes insufferable, from the lighting up of a dormant or unrecognized pelvic trouble and an operation is required to *undo the mischief of an unnecessary cervical closure.* This fact has been recognized by Emmet himself and he has recently counselled the careful selection of cases in order to escape these disastrous results. When there is pre-existing pelvic disease, even though slight, no cervical operation should be attempted unless absolutely required by the condition of the patient." "The necessary inflammatory action set up in the suture tract is transferred along the lymphatic or venous channels to the seat of the earlier inflammation until a pelvic peritonitis is kindled or rekindled, which at last entails abdominal section. The minor gynæcologist, who has no regard for or appreciation of the relation of the commonly advocated general closure of the perineal and cervical tears to major surgical complications cannot but be a great factor in the causation of the same."

Here is another man who has "looked beyond the os" and seen that the Murdock's and their friends are doing more harm than good. He is Joseph Price of Philadelphia—who now has the best record of any man in the world, viz.: nine hundred and one consecutive laparatomies with but twenty-seven deaths; the last sixty-four without a death; forty-three supra-vaginal hysterectomies without a death; fifty-three extra-peritoneal hysterectomies with but three deaths; and fifty-seven operations for extra-uterine pregnancy with but two deaths—there being no death in the last fifty consecutive cases (statistics from July number 1891, Kansas City *Medical Index* —article "A Plea for Operation."

An illustrative case is now being prepared for operation. She was treated for many months by a prominent gynæcologist of this city for "endocervicitis;" this proving of no benefit she was told that her cervix must be sewed up. She was put to bed, the operation made, and temporary improvement followed —partly as a result of rest and partly from medicine, etc. Soon after getting up the same old train of symptoms reappeared. I examined her under chloroform and found an enlarged uterus and double pyosalpinx. Abdominal section will cure her.

Some high in authority now believe that. "Uncomplicated endocervicitis and endometritis are very rare diseases and in a large proportion of the cases so diagnosticated and treated the real seat of disease will be found in the uterine appendages. This is intensified by caustic applications to the cervical and uterine mucous membrane," and Goodell ("Lessons in Gynæcology") says: "I believe that the importance of endometritis as a factor in womans' ill-health is greatly overrated." As it is chiefly for the relief of endometritis and endocervicitis that the Emmet

operation is made, this statement is not insignificant. Of course no one denies the importance of an endometritis—it probably precedes nearly all cases of salpingitis and pelvic peritonitis, and if the inflammatory process began in infection of a recent tear in the cervix it is impossible that some good might be obtained by *immediate closure* at the completion of labor; but just how an old laceration can give rise to the peculiar train of symptons usually enumerated has never been satisfactorily explained. In view of which I wish to repeat that it is only by removal of the "subinvolution," the parametritis, the salpingitis, that improvement occurs; whether the os is sewed up or not recovery will be obtained by proper treatment of the real pathological condition.

I am not unaware that authorities lay great stress upon the importance of cervical laceration. Thus Skene ("Diseases of Women") says: "The distressing influence of this injury upon the sexual organs and the general health are well-marked. The first effect noticed is to retard recovery after confinement. The laceration exposes raw surfaces to the lochial discharges, which where these are decomposing and offensive may give rise to septicæmia. Even where this does not occur the injury interrupts, more or less, the process of involution and produces all the troubles which usually follow therefrom." This is exactly in harmony with my statement: that while the laceration may have been the point of primary invasion *the trouble lies in the subinvolution or in tubal disease*; closure of the laceration weeks after the infection does not cure; locking the stable door after the exit of the thief does not restore the valued horse!

While I protest against this indiscriminate sewing up of cervices (just as I do against unnecessary laparotomy) there are of course, many cases when it is indicated. Thus, when the scar tissue at the site of the old tear and the released tissues beneath become tender and painful, giving rise to considerable general disturbance by "reflex action," operation should be the rule if there be no serious contra-indication. Again if the fissure extend above the insertion of the portio into the walls of the supra-vaginal cervix, and the uterus descends in consequence of the lesion, the lips being everted and raw (Breisky's laceration-ectropion), restoration is indicated if there be no pelvic trouble forbidding; but one must be exceedingly cautious about undertaking the operation because the symptons which bring the patient to the gynæcologist are many times the sequelae of the lesion: malpositions, sub-involution, tubal disease or traction and recurrent and inflammatory processes in the parametritic tissues.

That excision of cicatritical tissue in the angle of laceration exercises a beneficial influence upon reflex nervous symptoms was demonstrated some years ago in my practice by the following case:

Mrs. E.—, of Iowa, age 37, mother of five children, previous health and family history good, at last childbirth suffered complete laceration of the cervix uteri, but without pelvic complication. Cicatrization occured, with evident constriction of the ends of the nerves, for a melancholia developed and persisted in spite of all usual therapeutic measures. After careful examination and two weeks' observation with preparatory treatment I repaired the lesion (with the assistance of Dr. Wm. Frick of this city). Healing by first intention was secured; patient immediately began to improve and was discharged from hospital some five weeks after operation. In this case if the source of peripheral irritation had not been discovered and removed in the early stage of the melancholia there can be little doubt an incurable insanity would have eventually resulted.

It is not in such cases that I oppose operation; where the indications are positive the closure is justifiable if no serious disease beyond the os prevent. But I do most seriously protest against the indiscriminate sewing-up of lacerations as practised by the "minor gynæcologists." Brother Murdock is not alone; a large number of Don Quixotes join him in his crusade against this gnæcological windmill. Some for the love of operating, some to gratify the desire of the patient to "have something done," some because it is popular and some, alas! because there is money in it, operate. Many have been fortunate in not

having disaster follow operative procedure—others have had disastrous consequences and have not recognized their own measures as the ætiological factor.

In conclusion I wish to quote from Vol. VII of the "Cyclopeadia of Obstetrics and Gynæcology"—the volume written by the celebrated A. Hegar, Professor of Gnyæcology in the University of Freiburg and R. Kaltenbach, Professor of Obstetrics and Gynæcology in the University of Giessen: "It is evident that simple reunion of old cervical lacerations cannot remove all the morbid phenomena. Emmet himself now recognizes this by the stress laid upon preparatory treatment which may last for months. The various affections are first relieved by hot water injections, pessaries, scarifications, puncture of cysts, glycerine tampons. Emmet's followers in America are less critical, *and regard the operation as a panacea against the most varied conditions*, and perform it without regard to all the possible forms and complications of the cervical laceration.

"It is only in rare cases that the operation suffices to relieve all the symptoms. It is much more frequently merely a link in the chain of treatments and *in many cases is entirely superfluous* because the shallow lesion constitutes an insignificant complication.

"In complicating parametritis and sub-involution, a very considerable proportion of successful results is owing to loss of blood and subsequent rest in bed."

At the time of penning my criticism I had never read this statement of these eminent Germans and yet my observations had been such that I used almost their exact words. This is *not* an example of the saying: "Great minds run in the same channel," but it simply illustrates the fact that careful clinical observation gives same conclusions whether in Kansas City or in Germany.

BATHING was a fine art among the Grecians. The use of baths both public and private, warm or cold water, and hot air was common and was attended with every adjunct of luxury and splendor. Traces of these bathing places are frequently found in the ruins of these ancient Grecian cities.

SOCIETY PROCEEDINGS.

The Golden Belt District Medical Society.

The Golden Belt District Medical Society met in regular quarterly session in the City Hall at Junction City, Kansas, July 3rd, 1891. Meeting called to order by the secretary at 4 o'clock P. M. In the absence of the president and vice-president, Dr. Felty was chosen president pro tem.

The secretary called the roll and the following members were present: Drs. Felty, G. E. Harvey, Steadman, Daugherty, Murphy, Ketchersid, Wall, McClintock, L. R. Kiney, Righter, Hays and Browne. Minutes of last meeting were read and approved.

The president appointed Drs. Wall, Daugherty and Murphy a committee on new members, who reported favorably on the application of Dr. D. R. Pelton of Topeka, and the secretary was instructed to cast the ballot of the society, 11 votes.

The committee on procuring Certificates of Membership was discharged at its request, and on motion the secretary was duly empowered to procure 250 lithographical certificates or photograph engravings as seemed best in his judgment, also to procure charter and seal for the society.

The secretary offered the following resolution, which was unamiously adopted, to wit:

"That the By-laws be so changed, that the name of the society shall be the Golden Belt Medical Society, and the active membership may consist of physicians within the State, instead of the present restriction."

The following resolutions sent in by our president, Dr. Dewees, were read by the secretary and passed by the society:

Resolved, That this society heartily approves of the permanent organization of "The Inter-Continental American Medical Congress," believing it to be of material benefit in promoting the interests and welfare of the Medical profession of America.

Resolved, That the members of this society will do all in their power to promote the interests and welfare of the Congress.

Resolved, That the Secretary of this society is hereby instructed to forward a copy

of these resolutions to the "Kansas Medical Journal," and *The Journal of the American Medical Association.*

On motion of Dr. McClintock, Abilene was selected as place of next meeting.

The society now adjourned till after supper.

EVENING SESSION.

Meeting called to order at 9 o'clock, Dr. Felty, president pro tem, in the chair.

Paper by Dr. Harvey on "Rheumatism" was first on programme, who started to read it, but being called away, concluded it later in the session and it was passed without discussion.

The next on programme was a paper by Dr. Righter of Topeka, entitled "Sodomy as a cause of Rectal Disease." He considered the practice more frequent than physicians think, and that Rectal Gonorrhœa, Chancre, Dilatation, etc., were caused by Sodomy.

Under discussion Dr. Daugherty did not think it a common practice. Had never seen a Gonorrhœa or Chancre of the rectum in practice.

Dr. McClintock had seen one case of Rectal Chancre caused by Sodomy.

Dr. Felty had seen three cases of Rectal Chancre in a Philadelphia hospital, in boys from Girard college, caused by this practice. Considered the practice more common than we thought.

Dr. Blesh and Dr. Crowley not being present, their papers were not presented.

"The Function of the Brain and Nerves" was the subject of next paper by Dr. Pelton of Topeka. It was a good production, and showed the author had devoted much time to Neurology. Being of a special nature the members did not feel competent to criticise. It was highly complimented, and referred to committee on publication.

Next paper by Dr. Werthner of Lincolnville, subject: "A Case of Ovariotomy" was read by Dr. Boyd of Hope, in the absence of the author.

The operation was performed by one of our fellows, Dr. Ketchersid. Dr. Werthner, conducted the after treatment. The case recovered. All praised Dr. Ketchersid for his skill and courage. Referred to Publishing Committee.

Dr. King now read the "Report of a case of Nymphomania" which he had prepared for last meeting. It was a most remarkable case, and difficult of treatment.

Dr. Pelton thought these cases due to nervous causes, and that we must allay nervous irritation and tone up the nervous system, also care for their moral nature. All agreed with him that it was sexual perversion, a type of insanity. The paper was referred to Committee on Publication.

I hope all these papers will be published, as the subjects are rare and instructive.

The society now adjourned to meet in Abilene, the first Thursday in October.

F. B. BROWN, M. D.,
Secretary.

South Kansas Medical Society.

The meeting of the South Kansas Medical Society was held in Board of Trade Rooms, at Wichita, Kansas, May 13, 1891.

Meeting called to order by President C. E. McAdams, at 10 o'clock, a. m. Invocation by Rev. Jones of Wichita.

The President then introduced President-elect J. W. McCracken, who in a neat speech took up the gavel and announced the meeting open for business.

Roll call found the following members present—Drs. Axtell, Boyd, Buck, Barnett, Bibbee, Cloud, Day, Everett, Fabrique, Foot, J. S., Furley, Jones, Kitchersid, Klippel, Minney, McCracken, McAdams, Maguire, Martin, Oldham, Perdue, Shelley, Sippey, St. John, Mrs. D. St. John, Stephens.

Minutes of last meeting read and approved,

Committee on arrangements made no report, as they were acting jointly with the State Society committee, and would report on the opening of the State Society session.

The following persons were recommended for membership—Dr. T. W. Scott, Stafford, Kansas; Dr. G. W. Akers, Stafford, Kansas; Dr. Giles Davis, Wichita, Kansas; Dr. J. N. Ross, Belleplaine Kansas; Dr. W. H. Stauffer. Arkansas City, Kansas; Dr. S. H. Brehm, Hutchinson, Kansas.

The Board of Censors made the following report:

We, the undersigned regularly appointed board of censors of the South Kansas Medical Society, hereby report favorably upon the above named persons as eligible to membership to the South Kansas Medical Society.

J. S. FOOT, Chairman.
C. E. MCADAM.
A. S. CLOUD.

Secretary instructed to cast ballots electing them to membership.

The chair appointed the following auditing committee, viz:—Drs. Fabrique, Burnette and E. E. Hamilton.

Secretary's report read and bill referred to auditing committee.

Secretary read Article X. of the Constitution, relating to the suspension of members for non-payment of dues, and asked for instructions in the matter.

Moved by Dr. Furley—That the secretary is hereby instructed by this society to give due notice to all members, and to receive pay from all delinquents up to the next semi-annual meeting, viz., the third Tuesday in November, 1891, and then to suspend all members who are delinquent under the constitution.

Motion seconded and carried.

Treasurer's report read and referred to auditing committee.

Auditing committee reports treasurer's and secretary's accounts correct, and society ordered order drawn on treasurer for secretary's bill for $23 09.

Treasurer reports as follows:

November, 1890.

To balance on hand,	$84 86	
" amount cash received,	10 85	$95 71
Cr. by order for sec. bill	$35 92	
" " balance on hand,	60 79	$95 71

C. C. FURLEY, Treasurer.

Receipts of meeting, $45.

The chair appointed the following doctors as a committee on necrology, viz.: Drs. Boyd, Maguire and Harris.

Secretary read communication from L. McKindlay, of Udall, Kansas, informing the society of the death of Dr. G. E. Knickerbocker, a member of the society, who was drowned in Beaver creek, Indian Territory, on March 25, 1891, while in the line of professional duty.

President read communication on the death of Ex-President Dr. N. T. P. Robertson, of Hutchinson. Communication referred to the committee on Necrology, who made the following report:

Resolutions on the death of Drs. N. T. P. Robertson and George E. Knickerbocker.

Be it resolved by the South Kansas Medical Society, in convention assembled, that the Society, knowing the moral worth and professional attainments of the deceased, do hereby extend their heartfelt sympathies to their families. Knowing that they were ever, by both example and precept, for the advancement of their profession and the betterment of society.

Resolved, That a copy of these resolutions be spread on the minutes of the Society, and a copy be sent to the families of the deceased.

GASTON BOYD, Chairman.
J. U. MCGUIRE.
W. K. HARRIS.

The chair appointed the following committee of arrangements for the next meeting:

Drs. Klippel, Maguire, Colliday, Weatherby and Boyd.

Under miscellaneous business, Dr. Boyd offered the following resolution:

Resolved, That Section two (II.,) Article (V.,) of the Constitution of the South Kansas Medical Society be changed to read as follows:

All officers elect shall assume the functions of their respective offices at the *close* of the meeting at which they are elected.

Moved and seconded, that the resolution be placed on file to be acted on at next meeting. Carried.

The following copy of a communication from Dr. W. A. Jordan was read by the Secretary:

Dr. O. B. Whittecar, Secretary:

DEAR DOCTOR:—Please present this as my resignation as a member of South Kansas Medical Society.

Yours very respectfully,
W. A. JORDAN.

WICHITA, KANS., May, 2, 1891,

Moved and seconded that the resignation of Dr. Jordan be accepted. Carried.

The programme being reached, Dr. Jeffry Martin, of Marion, Kansas, read a paper on "Irritable Heart, its Causes and Treatment."

The paper was ably discussed by Drs. Harris, Cloud, Lindsay and Furst.

The Society voted Dr. Martin thanks for the able manner in which he handled the subject.

Paper referred to committee on publication.

Adjourned to meet at 1:30 p. m.

AFTERNOON SESSION.

Society called to order at 1:30 p. m., by President McCracken.

The next paper was read by Dr. V. E. Lawrence, of Halstead, Kansas, on "The Uric Acid Disease, with Report of Case."

Paper discussed by Drs. Furley, Cloud and Harris.

Paper referred to publishing committee.

Dr. J. W. Felty next read a paper on "Dysmenorrhœa, Causes and Treatment."

The paper was discussed by Drs. J. D. Hamilton, Weatherby, Minney, Stephens, Cloud and Brehm.

Paper referred to publishing committee.

Dr. O. J. Furst then read a paper on "Leukæmia."

Discussed by Drs. J. S. Foot and Furley.

Dr. Cave, of Oatville, Kansas, had promised a paper on "Treatment of Malarial Fever," but owing to sickness he was excused.

Dr. J. S. Foot had promised a paper on "Connective Tissue," but failed to have his paper.

The programme being exhausted, the meeting was again opened for miscellaneous business.

Dr. J. L. Jones, who left the State in 1885, in good standing with the Society, but who has recently returned, asked to have his dues remitted during his absence from the State.

Moved by Dr. Harris, that a member leaving the State while in good standing with the Society, that their dues be remitted during the time of their absence, provided that their medical career has been ethical during their absence, and that they pay one year's dues in advance.

Moved and seconded, that the motion be placed on file to be acted upon at next meeting. Carried.

Hutchinson was chosen for place of next meeting, which will be on the third Tuesday of November, 1891.

Adjourned.

O. B. WHITTECAR, M. D.,
Secretary.

Topeka Academy of Medicine and Surgery.

This society met in regular monthly session at Topeka, Kas., in Lincoln Post Hall, Tuesday evening, July 7, 1891.

In the absence of the president and vice-president Dr. M. R. Mitchell was elected for the evening to that station.

Those present were Drs. Cannon, Lindsay, Munn, Morgridge, O'Brien, Limmer, Sheldon, Mitchell, Wall, Bradley, Righter, Tefft, Lewis and Rodgers.

Dr. S. E. Sheldon read the first paper of the evening on "Treatment of Fracture of the Femur,"—paper will be published with discussion in the JOURNAL.

Dr. J. H. Cannon reported in writing a case of rabies in a man.

Papers for next meeting by Dr. McGuire and Dr. Mitchell on "Antisepsis in Midwifery."

Adjourned to meet first Tuesday evening in August.

D. F. RODGERS, M. D.,
Secretary.

State Medical Society.

(Continued from page 266.)

WICHITA, May 14, 1891.

AFTERNOON SESSION.

The Auditing Committee reported as follows:

We have examined the following bills and recommend that they be paid.

Rothschild Bros., Salina	$ 6 00
M. O. Frost, Topeka, (printing)	17 15
G. A. Wall, stationery	1 00
W. S. Lindsay, secretary, (postage, &c.,)	17 40
C. B. Kistand (printing	6 50
W. W. Philips (pages)	3 00
C. Conrad (hall rent)	30 00

C. C. FURLEY,
Chairman.

On motion the report was adopted and the secretary was authorized to draw orders for the payment of the accounts.

On motion of Dr. Buck it was agreed that the resolution of last year concerning the change of officers shall not apply to the secretary.

Adjourned to meet at 7:30 P. M.

The first session on Ophthalmology, Otology and Rhinology met at 2:30 P. M., in Dr. Oldham's office.

Meeting was called to order by the chairman, Dr. D. F, Longenecker.

The following gentlemen were enrolled in the section: Drs. B. E. Fryer, Kansas City; C. H. Guibor, J. E. Minney, G. A. Wall, W. E. McVey, Topeka; C. Klippel, Hutchinson; C. M. Holcomb, Winfield, D. F. Longenecker, Emporia.

Visitors—Drs. Flavel B. Tiffany, Hal Foster, J. E. Logan, Kansas City; E. E. Hamilton, Wichita; H. Z. Gill, Eldorado.

On motion of Dr. Guibor, the courtesy of floor was extended to all visiting members.

Dr. Fryer moved that the section proceed to the election of officers for the ensuing year. Dr. Wall was nominated for chairman. There being no other nominations, on motion of Dr. Logan, Dr. Wall was elected chairman by acclamation. Dr. Guibor was nominated for secretary, but declined and nominated Dr. W. E. McVey' who was elected.

Dr. Longenecker then read the chairman's address as follows;

Gentlemen of the Section of Ophthalmology, Otology and Rhinology:

In compliance with custom governing medical bodies, the chairman of this section is expected to preface the other exercises of the session with an opening address.

While in no wise restricted in the choice of a subject, usage has said that a pertinent scientific selection, or a review of advancement in provinces covered by the organization, together with such other matters as would subserve its best interests, are the fields from which he is expected to draw. As the ground covered by our joint title is so broad, and as our membership is so small, and as this is our first meeting, I concluded that the few minutes in which I will occupy your time could not be more profitably filled by me than in making a few remarks upon our section. It is a new experience to us as a society measure, and hence should be a matter of deep concern to all interested parties.

Should I be able to offer any suggestion of value to the section in the future my time will doubtless have been better occupied than I could have promised through the selection of any other subject.

The privilege of attending a special section, as we are about to participate in, has been long looked forward to by those having ceased the practice of general medicine with fond anticipation, as one of the blessings held in store for their future enjoyment, but owing to the limited number of medical men engaged in the respective special fields, thoughts of actual venture in this direction were entertained with some mental reservation.

Whether the society was large enough to bar the necessary division, or rather, whether the sections could be made large enough to conduct interesting exercises alone, was the question? But like all other advance movements, in which there is venture enough to add spice to the undertaking, there comes a time when under the influence of enthusiasm, difficulties grow more shadowy, and in the process of taking the first steps in adoption, disappear altogether. Hence we see several very successful years in our society affairs culminating in the accumulation of the requisite amount of enthusiasm at Salina last year, to cause the members of the State Medical Society to fearlessly take the initial steps for dissolving that body into sections; a measure which only a short time before was regarded as surrounded by insurmountable difficulties.

A defense of what has been done, or even a brief account of the chief reasons for the adoption of the section plan, would seem before this body as wholly uncalled for and superfluous; for all those who have been regular attendants of the State, or in fact any society, realize with what avidity they welcome subjects most familiar, and how much more interesting and instructive the medical body becomes when engaged upon matter from which their medical experience has been moulded. Yet in the hope of inducing a higher appre-

ciation of our opportunities a few thoughts on the cause of specialism, and necessity for its advancement, may not be inappropriate.

Some hold to the view that more good can be accomplished by the old method of holding societies, in which one body is shared in common by all departments, and that thus the general average of medical knowledge will be raised by the variety of subjects which are introduced. I will not attempt to controvert the position taken, but will say that all medical men of whatever practice have abundant opportunity in the monthly and quarterly societies throughout the State to widen their general knowledge in medicine, and that to meet once a year at least, and compare views, and exchange experience with their State confreres, in departments wherein they think and work, is essential to their advancement.

The great progress made by medical science during the last few years, has so lengthened and widened medical knowledge, and extended its horizon so much in all directions, that it is impossible for any one man to stand, as it were, in the center, and view with eyes of trained understanding as he turns around, the uninterrupted line of the circumference. And as the line has not been removed from the center by any grand stroke of combined medical force, but has been extended in different directions by individual men, who with singleness of purpose labored alone, away from the general body of medical workers for years probably, before their energy and perseverance resulted in the discovery of new truths. So those who follow in the footsteps of these pioneers gradually draw away from other parts of the medical circle as they become advanced in their own selected direction.

It will not be overdrawing the comparison to liken the knowledge one man is capable of acquiring, to the extent of vision possessed by a very near sighted individual.

The things closer by are seen, but not those farther off; to see the latter, the person must go to them, and hence what is gained in one instance necessitates a loss in the other.

The natural law of compensation, which always metes out justice, allows fullness in one direction only by a corresponding emptiness in some other.

The human mind is not equal to the taking in and retaining of all medical knowledge—and what is taken in must be used or it will be lost.

We all know how difficult it is to preserve a good knowledge of anatomy. It slips away in some inconceivable manner and must be captured and recaptured before we can lay the least claim to its possession. The bright record in graduation marks has in many cases so withered during the early starvation period, as to be a shattered spectre of former grandeur long ere any actual demands are made for it in practice. So with all knowledge that is not used.

The selection of a certain part of the field of medicine by the specialist, has suggested the statement from one philosophizing more on theoretical than practical grounds, that specialism tended to narrowness, and the consequent biased opinions of minds developed solely in one direction.

Now, on general principles, this statement seems to harmonize with the process of deductive reasoning, and might be supported with sufficient argument to carry conviction, were specialism carried to so fine a point, or were it to cover so small a field as to render unavoidable a contact with that dangerous enemy to mental activity, routinism, which would to to a certain extent destroy the exercise of reason.

Now, on the contrary, we find the length and breadth of most established specialties, and their rate of advancement, quite equal to the full powers of the largest and most active brain, and afford variety enough to enlist the full complement of mental faculties found in the so-called broad guage class.

The microscopist directs his instrument upon a spot where nothing but homogeneity was visible to the naked eye, and a new world is opened up to him; hundreds of individual forms, distinct from each other, present themselves for his study and consideration. So with the specialist, every step forward reveals to him many new fields, unexplored, and many new objects in old fields with which he was unacquainted before.

The impossibility for one man to acquire all knowledge has become so fully appreciated

that it does not affect the doctor's professional standing in the least to be found ignorant on many things, and even things pertaining to medicine outside his habitual practice.

Another feature of this practical age, which contributes to the concentration and cystalization of knowledge, is the greater ease with which labor is performed, and consequent better remuneration through the increased amount of work to be accomplished by taking it in classes. Specialism is in fact a necessity of the times, an invention by which the disastrous effects of general competition has in a measure escaped.

Having made a start upon the section plan, it is a matter for congratulation to be able to state that our infant organization is healthy and vigorous, and shows strong evidences of growth and longevity. But while rejoicing over our present healthy condition it may not be imprudent to call your attention to a few points wherein, through neglect, weakness may develop.

The long title by which we are known points to the fact that, in order to increase our roll of membership, several closely allied specialties were classed together under one management, but as they are the most exclusive, and practiced by many of our representation in common, there will be an almost universal community of interest. The labor in procuring the program of the present session, to which I refer with pride, and for which you are almost wholly indebted to the untiring energy of our worthy secretary, Dr. Wall, has shown that even with the joint membership only a very limited number can be excused from contributing at the same time, without seriously curtailing the numbers necessary to a full and interesting program.

In making requests for papers this year we left the selection of department and subject to the inclination of contributors, but as our department is likely to become over replete, and others correspondingly empty, I believe it would be a good plan for the officers in the future to suggest the department from which contributors select a subject, or at least to even up in some way and cover as nearly as possible the whole ground.

The agencies through which will come our measure of success, will be the papers presented for our consideration, and the discussions thereon.

In this particular, a very noticeable change has lately taken place in all medical societies in favor of short papers—those devoted to a peculiarity, symptom or phase of a disease, or report of a case in practice. By this means the main point, or central idea, can be set forth with more force, under a stronger light, and in such a manner as to appeal to the reason and experience of all present, and will be most fruitful in eliciting general discussion. Anything in the direction of truth and higher knowledge, that excites discussions, should be commended. As in proportion as it is indulged in, is the life and spirit of the meeting made manifest, and it is only repeating a well known truth to say that it is often the most instructive feature of the meeting.

It is hoped that the thinness of our ranks, instead of operating as a drawback, may make full compensation by greater individual interest and personal responsibility.

Since the majority of us will be obliged to contribute our annual mite, it may be well, in order to have new material on hand, to keep a systematic case record, in which to enter full notes on all cases showing any peculiarity or possessing unusual interest.

The adoption of such a method by all those, if any, who have not already formed this habit, will soon reveal its value as a storehouse of experience from which to draw as occasion may demand. Cases unique in manifestations or treatment can be reported to the section for its interest and instruction.

We hope that enough friendly rivalry and loyalty to allegiance will be induced by the different sections meeting at the same time to keep the seats of all comfortably full, whether the programs are the most promising or not.

A very few years ago a section on ophthalmology, or rhinology, in Kansas, would have had an extremely limited membership. While not large at present, it forms however a good sized nucleus around which to receive yearly accretions.

The increase to the number of special men during the past few years has not been due to an increase of population, or increase of work

in their special departments, but has been a gradual reclamation by the regular progression, through legitimate specialism, of that class of work from the hands of quackery; and the process will not cease or be complete until the influence exercised over the minds of the masses by the so called "institutes and infirmaries" in our midst, and those located abroad, whose agents swarm our state in the absence of an effective medical law, be undermined, and the ground covered at reasonably close distances by competent and genuine specialists.

Just what the demands of the state in this particular are, can not now be told, but from the fullness of the general medical ranks, it is no more than reasonable to suppose that it will spread as rapidly as the ability to sustain a representation is reached by the growth of the country, and the return of the laity to regular medical methods in those forms of disease neglected by the regular practitioner.

In forecasting the future in search of an embryonic enemy to our prosperity I see nothing to fear, and can imagine nothing save an epidemic of medical apathy in sufficient force to hold some of our little band away from the meetings, or to occasion indifference in the minds of those in attendance.

Kansas, as a state, has a reputation for enthusiasm and for doing difficult things, and as her medical fraternity is not lacking in those qualities, I think the result of our undertaking will not lower her well earned standing. But to make assurance doubly sure, it might be well for each one to feel that in some way or other a large share of the responsibility and work rested upon his shoulders.

I wish in conclusion, to express great faith in the future success of our section, and to thank those who have so kindly responded to our request for papers, and also, before engaging in the more interesting part of our exercises, to acknowledge my high appreciation of the honor conferred upon me as chairman of the section.

On motion of Dr. Guibor, it was adopted with the request that the section follow the suggestions therein offered.

On motion, a committee on publication consisting of Drs. Guibor, Tiffany and McVey was appointed.

EVENING SESSION.

THURSDAY MAY 14.

The nominating committee reported the following officers and places of meeting for the ensuing year:

President, J. E. Oldham, Wichita.

First Vice-President, A. H. Cordier, McPherson.

Second Vice-President, J. T. Axtell, Newton.

Secretary, W. S. Lindsay, Topeka.

Treasurer, L. A. Buck, Peabody.

Place of meeting, Topeka, in May, 1892, definite time to be fixed by the president and secretary.

To be Continued.

FROG PASTE IS A CHINESE ANÆSTHETIC.—The paste is made by placing a frog in jar of flour and irritating it by prodding it, when the creature exudes a liquid which forms a kind of paste with the flour. This paste has well-marked anæsthetic properties. After the finger has been immersed in the liquid for a few minutes, it can be cut to the bone without any pain being felt.—*Southern Clinic.*

The above if true, is worth remembering for an emergency in an out of the way place. If not a phib (fib) it is amphibious treatment; also an anæsthetic. This joke is not designed to put you to sleep, dear reader.—ED.

DEATH in a dentist's chair from cocaine poisoning is reported in the *Journal fur Zahnheilknude*, September 25, 1890. The patient was a woman twenty-nine years old, apparently healthy but very nervous. The extraction was painless, and nothing abnormal was noticed. The operator withdrew from the patient's chair to get some water for the patient to rinse her mouth and on his return found her motionless. The autopsy disclosed the fact that three injections had been given, which served for the extraction of three roots. The quantity of cocaine in each injection was two centi-grams, or one-third of a grain.

MISS PLUCK—"I've hit the nail on the head at last." "Then why do you put your finger in your mouth?" "That's where the nail was."

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TOPEKA, KANSAS, AUGUST, 1891.

Bowel Complaints.

Now that this class of diseases are on deck, the physician should look to the hygienic surroundings of those to whom he bears the relation of *family physician*. When no such relation exists, all the worse for the family. "Bowel complaints," from cholera to the mildest affections of the class, delight in filth. Personal cleanliness, and cleanliness of the home and all its surroundings, cannot be too strongly emphasized. Impure air and water are prolific sources of all types of diarrhœa, and all impurities are intensified by the action of heat, while its depressing influences increase susceptibility to their action. Suspected water should be filtered and boiled before it is drank. Diet is a direct source of this class of diseases. There should be the usual mixed diet, avoiding everything known to disagree, all excess of the most wholesome food, and irregular meals. Fasting and feasting are alike injurious. Ripe fruit should be washed before it is eaten, and eaten in moderate quantities. All unripe fruit should be properly cooked.

Food should not be taken immediately before or after active exercise, physical or mental. Over-fatigue and excesses of every kind are bad. From the onset of the graver forms of bowel diseases there should be absolute rest in the horizontal position; this, with a snugly fitting flannel binder next the skin, and a little absolute diet, will often obviate further treatment.

While we should never adhere to fixed formulas, but make our combination to suit each individual case, formulas are sometimes convenient, and we append a few with some general suggestion:

Dr. Bartholow says; In cholera the discharges are generally alkaline, and that the universal outward osmosis demands acid treatment. For the preliminary diarrhœa he recommends

℞ Acid. sulph. aromat, tinct. opii deod., aa. ℥ss. M. Sig. Twenty drops in a little water every hour.

In all cases of cholera there is great prostration of the nervous system, and this is true in cholera morbus and cholera infantum, and it must be considered in all treatment. The following are desirable formula:

℞. Tinct. opii., spts. camph., aa. f℥ss.
Tinct. capsici. f℥ss.
Chloroform, f℥jss.
Spts. vini rect. qs. ad. f℥ijss. M. Sig.

Twenty drops for an adult, diluted in half a wine glass of water every hour until the diarrhœa ceases, with rest, and a little chicken soup, rice gruel or beef juice as a diet; take hot.

℞. Hydrarg. bichloridi, grs. ss.
Spts. chloroformi, ʒx.
Spts. camph. ʒx.
Tinct. lavend. comp. ℥ss.
Tinct. vini rect. qs. ad. ℥ij. M.

Sig. A teaspoonful diluted in a wine glassful of water every 15 or 20 minutes until six doses are taken, then at longer intervals as required.

℞. Chloroform, ʒi.
Camphor, ʒij.
The yoke of one fresh egg.
Aquæ dist., qs. ad. ℥jv. Dissolve the camph. in the chloroform and ft. emuls. Sig.

A teaspoonful as required, adding a few

drops of laudanum if deemed necessary. A little shaking will reform the emulsion.

Adelaide hospital carminative:

℞ Tinct. rhei. m. xlviij.
Mag. carb. grs. jx.
Spts. amon. aromat. m. jx.
Aquæ dist. ʒvij. M. D. p. r. u.

As a rule the diarrhœa of childhood, and not infrequently of adult life, is consequent upon improper diet, in quantity or quality. This must be corrected, and where there is reason to believe the bowels contain offending injesta it must be removed promptly and carefully, as the case may be, before astringents or opiates are prescribed.

For acute gastro-intestinal indigestion in infants:

℞ Hydrarg. chlor. mit. grs. j.
Pulv. ipecac. gr. ss.
Soda bicarb. grs. viij.
Sacch. lact. grs. jx. M. ft.. chart. iv.
Sig. One every hour, followed by castor oil emulsion, and a proper diet with wine of pepsin and elix. Cinchona cal.—*Keating*.

When the stools are loose and watery, without much color or odor, Professor Da Costa recommends combining an opiate with some mineral acid; but if there is griping, with offensive mucoid stools, combine the opium with bismuth and ipecac.; if there is evidence of acidity, with mistura cretæ.

In simple diarrhœa of childhood:

℞ Tr. opii. deod. m. xij.
Bismuth sub. nitrat. ʒi.
Syrupi, fʒss.
Mist. cretæ. qs. ad. ʒiij. M. s. d.
A teaspoonful every 2 hours.

In painful diarrhœa:

℞ Tr. opii. deod.
Tr. nucis. vom. aa. m. xlviij.
Aquæ menth. pip. gs. ad. ʒiij. M. S.
A teaspoonful before each meal for a child of 6 months.

℞ Bismuth. salicyl. ʒij.
Tr. capsic. gtta. xij.
Spt. aromat. amon. f ʒjss.
Pulv. acaciæ. ʒij.
Aquæ cinnamoni. qs. ad. ʒij. M. S.
A teaspoonful every 3 hours for a child from 6 to 12 months.

Summer diarrhœa:—If the child is seen early, precede other treatment with a laxative to remove offending matter. If the stools are yellow, homogeneous, and not very frequent:

℞ Soda bicarb. grs. xxxvj.
Syr, rhei. aromat. ʒjv.
Mist. cretæ. qs. ad. ʒiij. M. S.
A teaspoonful every three hours for a child of 6 months.

If the stools are frequent, with acid reaction:

℞ Syr. rhei. aromat. ʒss.
Bismuth subcarb. ʒij.
Syrup acaciæ. ʒss.
Mist. cretaæ. gs. ad. ʒiij. M. S. D.
A teaspoonful every two hours, at the same time producing irritation over abdomen with a weak mustard draft. When the discharges are liquid, with whitish green flakes, try some formula like the following:

℞ Pulv. ipec. comp. grs. ij.
Hydrarg. chlor. mit. grs. ss.
Cretæ præp., grs. xxxvj. M Ft. chart. No. xij.
One every 2 or 3 hours until the stools are yellow and homogeneous.—*Louis Starr.*

For cholera infantum:

℞ Liquor morph. sulph. ʒj.
Ac. sulph. aromat. mxxjv.
Elix. curacoæ, ʒiv.
Aquæ dist. qs. ad. ʒiij. M. S.
A teaspoonful every 2 hours for a child of six months.

When there are signs of collapse give a teaspoonful of the following, p. r. n.:

℞ Ammoniæ carb. grs. xxiv.
Spt. frumenti, ʒss.
Syr. acaciæ, ʒi.
Aquæ menth qs. ad. ʒiij. M.
—*Starr.*

For ordinary summer diarrhœa:

℞ Tinct. opii. deodorat. m. xvj.
Bismuth. subnitrat. ʒij.
Syrupi, f. ʒij.
Mistura cretæ, f. ʒxiv. M, S.
Shake well and give a teaspoonful every two to four hours.—*Smith.*

In all gastric and intestinal disturbance in children, carb. bismuth in full doses, and ipecac in minimum doses, will be found advantageous, and while the quantity of food re-

quired by a child cannot be regulated by law, it should be given at fixed periods, and when passed undigested the quantity should be diminished. When the diarrhœa is purely thermic, while drugs may fail to give relief, cold bathing every 3 or 4 hours will frequently relieve both the diarrhœa and the accompanying unrest.

For diarrhœa, with follicular ulceration and griping of the bowels; for an adult:

℞ Cretæ præp. grs. xv.
Tinct. catechu. ʒss.
Tinct. opii. m. x.
Aqua cinnamon, ℥j. M. S. p. r. n.
—*Frothergill.*

If the discharges are loose and copious:

℞ Tinct. opii. m. x.
Acid. sulph. dil. m. xx.
Inf. hamatox yli. ℥i. M. p. r. n.
—*Frothergill.*

The hæmatox might well enter more largely into diarrhœal mixtures.

With diarrhœa and vomiting a combination of bismuth, ipecac and calomel will rarely fail of benefit, and is as good as the best.

Chloroform will be found a pleasant and profitable addition to many diarrhœal mixtures.

Great care should be exercised in the administration of opiatas to children.

Mistakes of a Physician.

First—To promise a patient that you will cure him.

Second—To promise to call at an exact specified time.

Third—To promise that the malady will not return.

Fourth—To promise that you can render more efficient service than your fellow practitioner.

Fifth—To promise that your pills are not bitter or that the knife will not hurt.

Sixth—To promise that the chill or fever will not rage so high to-morrow.

Seventh—To allow your patient to dictate methods of treatment or remedies.

Eighth—To allow yourself to be agitated by the criticisms or praises of the patient's friends.

Ninth—To allow yourself to buoy the patient when the case is hopeless.

Tenth—To allow yourself to make a display of your instruments.

Eleventh—To allow yourself to experiment or exhibit your skill uncalled for.

Twelfth—To allow yourself by look or action in a consultation to show that you are displeased and that if you had been called first matters would have been different.

Thirteenth—To allow yourself to indulge in intoxicating beverages.

Fourteenth—To allow yourself to rely wholly upon the subjective symptoms for your diagnosis.

Fifteenth—To allow yourself to tell the patient you are prescribing saccharum album when you are giving calomel.

Sixteenth—To allow yourself to give arsenic and quinine when a bread and water placebo will answer.

Seventeenth—To allow yourself to tell Mr. Smith the weak places and irregularities of habit in Mr. Jones' family.

Eighteenth—To allow yourself to give your services or an opinion without a reasonable fee or a reasonable expectancy.

A Department of Health and a National Health Officer in the Cabinet.

And now a convention of doctors demand that their profession shall be "represented" by the placing of a doctor in the cabinet, as head of a Department of Health.

The demand is probably on all forms of logic with that which resulted in creating a Secretary of Agriculture, but it is none the less rounded in a total misapprehension of the nature and purpose of the cabinet.

That body was not created to "represent" professions, callings or industries, but to attend to the executive business of the country. If the representative idea be accepted we shall presently have secretaries of architecture, theology, journalism, carpentry, printing, saw mills, base ball, the drama, and sitting on the fence—for all these are occupations in which great bodies of citizens are professionally engaged.—*New York World.*

Every intelligent reader, in and out of the profession, will recognize the absurdity of the above extract. If it is the best argument of those opposed to the action of the American

Medical Association, in unanimously recommending the establishment of a National Department of Health, the recommendation is without opposition.

It is not a representation of the doctor that is asked, but the protection of the life and health of the people through sanitary science. The doctor is interested in curing disease—the sanitarian in its prevention. If the people individually, or the State have any higher interest than the health and life of the citizen, let it be pointed out.

The relations of the State with other nations, its internal interests, its army and navy, its finance and agricultural development are all important, but all these exist for the people and the preservation of their lives and their health, and the development of the physical, intellectual and moral forces of those who constitute the nation, are the peer of every other interest, and the man who can compare this with the interests of base ball clubs and sitting on the fence has earned admission into an asylum for the feeble minded.

Fears have been honestly expressed by some of our exchanges that such a department may be converted into a political machine. In reply we make a brief quotation from the address on State Medicine, at the last meeting of the A. M. A., which we shall take an early opportunity to publish in full.

"While progress in preventive medicine has been slow, perhaps because the work of medical philanthropists, who in preventing disease have limited the income of a profession that lives by curing disease, and have done their work without pay, the progress has been sufficient to demonstrate the importance of a national department that will not only utilize the knowledge already acquired, but prosecute such further investigations as will secure the richest blessings.

"The enlightened statesman knows that the strength of a nation lies in the strength of its people, and that the highest function of law is the protection of their life, health and development, that 'public health is public wealth.' When he comprehends that the great epidemics that destroy mankind, causing untold suffering and immeasurable financial loss are amenable to State medicine, may we not believe that the National government will establish *a Department of Public Health*, under whose protecting ægis it will gather the marine hospital service, the bureau of education, of vital statistics, and of animal diseases, the climatological and signal service, and all that pertains to the health and development of the people; providing that, as in the army and navy, its appointment shall be preceded by thorough examination and made for life. In such a department there would be enrolled a body of scientists unequalled in the world, working in harmony for the interests of mankind, the prevention of disease, the preservation of life and the uplifting of humanity, giving dignity to State medicine and the highest possible physical, intellectual and moral development to the nation.

"Such a department devoted to original research and lifted above political mutations, guided by the energy and intelligence of a Hamilton, a Rauch or an Eaton, will be an honor to the nation and a blessing to the world, and will hasten the day when preventive medicine and surgery will well nigh cover the field of medicine."

American Public Health Association.

The American Public Health Association will hold its next annual meeting in Kansas City, October 20, 21, 22 and 23, 1891, The present officers of the Association are:

Dr. Frederic Montizambert, of Quebec, Canada, President; Dr. Irving A. Watson, Concord, N. H., Secretary; Dr. Eugene R. Lewis, Kansas City, committee of arrangements.

The special topics for discussion will be:

1. Sanitary Construction in House Architecture.
2. Railroad Sanitation.
3. Meat Supplies.
4. Milk supplies.
5. Arsenical Papers and Fabrics.
6. Isolation Hospitals for Infectious Diseases in Cities.

The importance of public health cannot be too strongly emphasized. The development of sanitary science, the dissemination of sanitary knowledge among the profession and the

people, the enactment of efficient sanitary laws, and the importance of appointing sanitarians to look after their execution, are of vital importance to the state.

We hope every sanitarian and every one who ought to be a sanitarian in Kansas, will attend the meeting.

A Supreme Court Decisicn of Special Interest to the Profession.

It is rarely that we are more interested than other patriotic citizens in the decisions of the Supreme Court, but the right of a railroad or other corporation to have its own surgeon examine a patient interests the physician as well as the patient.

Recently a woman sued the Union Pacific in the Circuit Court of Indiana, claiming injury from the fall of an upper birth in a sleeping car. A few days before the trial, the company asked of the court an order requiring the woman to submit, in the presence of her physician, to an examination by the surgeon of the road.

The court overruled the motion on the ground that it had no legal right to enforce the order. The case was carried to the Supreme Court on the ruling of the Court below.

The Supreme Court decided such an examination an invasion of the sanctity of the person to a degree the law does not permit, and that it is inconsistent with common law. The Supreme Court said, that until within the last generation it was never dreamed that a court of law had such power as was claimed in this case.

This case reminds the writer of an experience. Many years ago he was summoned before a court, and ordered, in a case of abortion and infanticide to go and examine the accused, and see if there was any evidence of miscarriage. The reply was, certainly, but let the court furnish an officer to hold the woman while she furnishes testimony against herself. The court did not furnish the officer, and the examination was not made.

We may thank God that there are some limits to the power of great corporations, some rights they are expected to respect. They cannot invade the sanctity of person and home, they cannot force their surgeons upon unwilling patients, they cannot compel physicians to have obnoxious members of the profession visit their patients either in their presence or absence. They may order their servants to visit and examine your patients, but neither you nor your patients are bound by their orders.

Faculty Changes in the Kansas Medical College,

Dr. G. O. Morgridge formerly of the College of Physicians and Surgeons Keokuk, Iowa, has been elected to the chair of Pathology, Histology and Microscopy. Dr. Williamson having resigned.

Dr. W. E. McVey has been transferred from the chair of Chemistry to Diseases of the Chest and Physical Diagnosis.

Dr. H. L. Alkire from Lecturer on Chemistry to Professor of Chemistry.

Dr. H. M. Smith formerly Prosector in the Chicago Medical College, has been elected Demonstrator of Anatomy, Dr. Bradley having resigned.

Dr. W. S. Bunn of Lawrence, Lecturer on Medical Botany.

Chicago as a Medical Centre.

It is now the permanent home of the *American Medical Journal.* The recent attempt at its removal to Washington was so overwhelmingly defeated, showing conclusively that the American practitioner wants his medical journal centrally located. Chicago now ranks second in population, but will soon rank the first as a medical centre.

She has a "Chicago way" of doing things. Only a few days ago the county commissioners appropriated eighty thousand dollars for two new pavilions at the Cook County Hospital, which is already an immense structure; thirty-five thousand dollars for a morgue; forty thousand dollars for a detention hospital for the insane, and forty thousand dollars for detached wards for contagious diseases, maka total of one hundred and ninety-five thousand dollars for purely medical purposes—a

magnificent sum and a beneficient expenditure. These are in addition to what she now has already, Illinois eye and ear infirmary, city dispensaries, an emergency and floating hospital, hospitals and homes under the care and supervision of almost every denomination, besides institutions for peculiar and selected cases of almost every character.

In journalism she does not flag. Her city medical society publishes a journal containing papers read before the society, with full discussion and minutes of each meeting, exclusively. But we are proud to say Topeka has been doing this for some time. Space forbids us mentioning the other journals just as worthy of note.

In medical colleges she has no peer—Rush, College of Physicians and Surgeons, Chicago Medical College, and several others, of which a graduate of any of them may well be proud.

A Post-graduate and a Polyclinic furnish the rusty practitioner with valuable practical work, making him more ready and capable of doing better service—these and other well-known institutions are all located in the great thoroughfare, making it a delightful and inviting place for the physician to visit. It is going to become the Mecca where every medical man will pay an annual visit.

I know of no better way of closing this short peroration than to state that Chicago is western; there is a friendly, familiar method about all of her men; you can approach them; they are glad to see you; they welcome you; if they have a difficult operation that is worth your seeing, they will telephone you and send you word if you can be found, and take pleasure in showing you courtesy when you get there.

The profession here are on the alert, and sift and try the newer methods, embracing everything that is good and rejecting what is unworthy. R. S. MAGEE.

An Amusing Report.

The following extracts taken verbatim et litteratum from a bona fide report of a case by a pension examiner, would be very amusing if it were not such a sad commentary on the disgraceful laxity of our laws in entrusting human life to any man who calls himself *Doctor*:

"There is a stiffeling pain just immediately under the extremeity of the Sternum bone after Hiccuping for sometime, he eructs up air and secretions which are so hot and acrid that they scald the esophicus and lining membrains of the mouth; when these symptoms have subsided, the Secretions of the Stomache, Pancreas and Liver pass into the Duodenum and Intestines, then the pain is transfered to the lower bowells and stoping for some time in the asending and decending Colon; Then there is an excruciating cutting pain and the Hemarrhoids come down and bulg out of the anno, forming a ring, as large as the double hand, arround the spincter, consisting of seven hemorrhoidal sacks from the size of a hickory nut to that of a hulled walnut. (This is the worst case of Hemorrhoids I ever saw, or knew to have been reported?) Artificial means has now to be resorted to and the Faeces removed from the mouth of the colen, which discharge is found, mostly to consist of particles of food, having passed through the Intestines, in almost the same condition they were taken into the Stomache two or three days or hours before;

"He grows pale, sinks into a comatose condition, a cold presperation breaks out over his body and persons who are not acquainted with the symptons of his case would give it as their opinion that he was in the last stages of desolution.

"his Incurent desceases are the direct Offspring of Chronic Dearrhœa;—The Body having to be supplied with nourishment by digestion in the Stomache and asimulated by the Lacteals from the Intestines through the Thoracic Duct to the Heart; Therefore every *vital organ*, of his body, is effected, by having blood supplied to them, by digestion through a channel contaminated with Chronic Desceases.

"I gave him *all* the Medicine that is recommended by "Regular Medical Authority" for His Desceases in the order which they developed themselves;—yet all I could do through Proscreption and by Attention was to give temporary relief.

"His heart is beating, beating, a "Funeral

March,"—nearer,—nearer! almost to the grave—I would not be supprised to hear of his death at any time.

"And summing up my Final Statement I will say that I consider him a "Total Physical Wreck," Over which the "Last Military Salute," will soon be fired and the smoke of the powder will waft his spirit to a "New Camping Grounds," and his Old and afflicted Body, will go back to Mother Earth from which it came."

Reprints Received.

"The use of Ligmented Rubber Rings in Intestinal, Anastomatic and other Operations;" "Extirpation of Kidney for an Enormous Myxo-sarcoma in a child aged three years eight months;" "A New Intestinal Clamp;" "Case of Stab Wound of Thorax and Abdomen with Recovery;" "New Method of Performing Pylorectomy with Remarks upon Intestinal Anastomatic Operations." All of the above by Dr. A. V. L. Brokaw, M. D., St. Louis.

THE *Courier Record of Medicine* says:—When giving chloroform don't waste time and attention on the pulse, but concentrate it all upon the respiration. Note carefully every inspiration and see that they are regular. A few short inspirations, or holding the breath awhile is sure to be followed by a full, deep inspiration, and right here is where the great danger lies, for in the deep inspiration an overdose may be taken. To guard against it is simple; one has only to watch for it, and when he sees it coming withdraw the chloroform. Remember that the overdose does not consist in the quantity that may be taken during the administration, but upon the quantity taken at any one inspiration, to the suddenness with which it is introduced into the blood, and the concentrated form in which it reaches the brain producing paralysis of the respiratory centre.

THOSE who destroy a healthy constitution by intemperance and an irregular life do as manifestly kill themselves as those who hang or poison or drown themselves.

LITTLE THINGS.

KEEP the catheter clean.

Do not be careless in using the catheter.

FOR night sweats in phthisis use comphoric acid.

DR. L. G. MURPHY of Herrington, made us a call in June.

DR. J. T. SCOTT of Holton, was a Capital visitor in July.

DR. J. R. FAY is again at his old post on the Santa Fé medical staff.

THE treatment of early joint disease next to nourishment is *rest, rest.*

DR. PELTON has been appointed neurologist on the Santa Fé medical staff.

DR. M. B. WARD was called to Michigan in July, to attend his sick mother.

DR. W. E. MCVEY, the bee end of the JOURNAL spent July in Chicago.

EXPRESSED beef juice is the food in typhoid fever and other wasting disease.

LAPAROTOMY in properly selected cases is the treatment in tubercular peritonitis.

THE use of Politzer's air bag is suggested to remove a foreign body from the nose.

ANALYSIS indicates that maturity, not size, determines the sugar contents of the beet.

DR. GEO. W. HOGEBOOM has full charge of the medical department of the Santa Fe R. R.

KARRITZKY recommends abdominal massage in the treatment of constipation in children.

THE longest umbilical cord we ever measured was sixty inches, the shortest eighteen inches.

OUR character is but the stamp on our souls of the free choice of good and evil we have made through life.

THE number of eggs in a six pound eel, in November, is fully nine million, they measure eighty to the linear inch.

EXAMINATION at a female seminary—"Did Martin Luther die a natural death?" "No, he was excommunicated by a bull."

DR. FERRY of Bristol, Conn., says urine is an antidote for bee sting. Saturate a cloth with urine and lay it on the wound.

How a Tumor is Located.—The location of tumor on the brain can now be detected by instantaneous photography. A tumor on the brain causes violent spasms by pressing on nerve center, and while a patient is in the midst of a spasmodic attack he is photographed, the nerves affected determined by the contortions shown on the picture and the tumor located.—*Chicago (Daily) Evening Journal.*

Charity, sweet charity, in the interest of humanity, of life, health, peace, joy. By the will of the late M. John T. Farish of New York, charitable bequests were made to St Luke's Hospital of $50,000; Home for Incurables $50,000; New York Cancer Hospital $25,000; Hospital for Ruptured and Crippled, Nursery, and Child's Hospital; House of Rest for consumptives, and Manhattan Eye and Ear Infirmary, each $10,000.

An elopement by balloon has recently occurred in the West. It is doubtful whether it will ever become popular. While the dangers of being overtaken are very much reduced, the dangers of being undertaken are considerably increased.—*Christian Register, Boston.*

The method may be feasible in the West, if that means the center of the continent, but at the circumference, the hub for instance, the cold embrace of Neptune would soon engulf the hot breath of Venus.

Dr. Donaldson's favorite prescription for diarrhœa in teething children:

R. Lacto peptine gr. xx.
Sub nitrate of bismuth gr. xxx.
Ft. chart No. x. M.
Sig. One every two hours.

Dr. McIntyre of St. Louis, claims that the safest and best anæsthetic in laparatomy is bi-chloride of methylene. Another point which diminishes the risk in laparatomies is short incisions.

In a college in western Pennsylvania it is customary for the Junior class to furnish music for the Senior address. On a recent occasion, as the Senior class was marching to the platform, headed by the President of the college, the Juniors began:

"See the migh'y host advancing, Satan leading on."—*Ex.*

Clavenger's brain cap (*Times ond Register*), is a thin transparent rubber cap, smaller than the average adult cranium, so as to require stretching when fitted to the head. It is a simple appliance for locating motor centers in the cerebrum before trephining the skull. The fissures and motor centers are delineated upon the surface of the cap, and no matter whether the head is long, short, broad or narrow, high or low, the pointed lines will fall into their approximate places.

The journals are full of "The Treatment of Pulmonary Phthisis," although the record of the death rate in this disease is as yet but little interfered with. Investigation may result in benefit and should be encouraged. In many instances, however, the animus of the paper is to boom some health resort. If patients will obey their family physician and he will map out for them a systematic course of out-door exercise and diet and the patient will follow the instructions, they will find a good health resort at home, with less sacrifice and money.

An Ohio doctor, who had worked hundreds of cures with his liver medicine, owned up the other day when dying that his "remedy" was of no earthly good in a real case, but that he simply worked on the imagination. He says a man who won't believe in anything else will believe that his liver is out of order.

When the eyes of the new-born look suspicious, it is a wise precaution to put a few drops of a nitrate of silver solution in them of the following strength:

R. Argent nitratis gr. ij to iv.
Aquæ Dist. ℥j. M.

Dr. D. C. Jones' favorite perscription for summer diarrhœas of children:

R. Chalk mixture ℥iv.
Bismuth subnitrate ℥j. M.
Sig. Teaspoonful every four hours.

Iodism may be prevented, it is said, by the administration of five grains of bi-carbonate of sodium three times a day.—*St. Louis Medical and Surgical Journal.*

Dr. D. C. Jones advocates the use of ice-rooms or a ward in which the temperature is kept down to freezing point, for yellow fever patients.

THE Mississippi Valley Medical Association will hold its seventeenth annual session at St. Louis, Wednesday, Thursday and Friday, October 14, 15 and 16, 1891. Reduced rates, an excellent program, will bring out a large attendance. The medical profession is respectfully invited. The officers are as follows: C. H. Hughes, M. D., 500 N. Jefferson avenue, St. Louis; E. S. McKee, M. D., secretary, 57 W. Seventh, Cincinnati, Ohio; I. N. Love, M. D., chairman committee of arrangements, 501 N. Grand avenue, St. Louis, Mo.

PAUPERISM is a disease—but for the most part it is a curable one. In a number of the large cities, societies are organized which employ or see that employment is furnished these persons, train them in industrial arts, and thus make them self-supporting and not objects of charity. A secretary of one of these societies has said if the city of Buffalo, New York, will furnish funds and workers, he will in six years practically free the city from pauperism. This plan has been tried in Leipsic and in a single year the number of paupers fell off two thousand.

OBJECT glasses for the microscope are now made of glass that contains phosphoric and boracic acid. With lenses made of this glass, it is said, an object one twenty thousandth of an inch in diameter can be distinctly seen.

DR. DWIGHT says, cases of infantile intussusception occur more frequently during the middle of the first year of life and are probably due to the anatomical pecularity of the intestine.

DR. M. O'BRIEN of Topeka, has entered upon the duties of Secretary of the State Board of Health of Kansas, Dr. J. W. Redden having resigned.

DR. BRADLEY, city physician, deserves credit for the interest he is taking to rid the city of impure ice, cesspools, &c. Continue the good work, Doctor.

IF salol is a good disinfectant of the alimentary canal in typhoid fever, why not use it in the diarrhœa of children?

DR. STEPHEN SMITH of New York, continues to advocate the use of opium in the treatment of peritonitis.

BOOK REVIEWS.

INTERNATIONAL CLINICS.—This volume of 357 pages is composed of clinical lectures on Medicine, Surgery, Gynecology, Pediatrics, Neurology, Dermatology, Laryngology, Otology and Ophthalmology, by Professors and Lecturers in the leading medical colleges of the United States and Canada, and edited by Drs. John M. Keating, J. P. Crozer of Philadelphia, and Drs. J. Mitchell Bruce and David W. Finley, of London, England.

It is published by J. B. Lippincott, Philadelphia. It is practically a post-graduate course of Medical instruction. It comprises the art of medicine, the practical part.

It is published quarterly; volume I contains thirty-six lectures and thirty plates and figures, illustrating the lectures so that he who runs may read understandingly.

It is unnecessary to weary you by a description of the book, for it is what its name implies and you cannot well afford to do without it.

FEVER, ITS PATHOLOGY AND TREATMENT; by Hobert Amory Hare, M. D., B. Sc., Clinical Professor of Diseases of Children and Demonstrator of Therapeutics, University of Pennsylvania; Physician to St. Agnes Hospital and Children's Dispensary, Children's Hospital, etc. Published by F. A. Davis, Philadelphia.

The introduction treats of the pathology of fever as a disorder of calorification depending upon nervous action; said nervous action being the result of various causes, such as the presence of poisonous materials in the blood, or of perverted functional activity. The first of these may be represented by the fever of any infectious disease, the second by hysterical hyperpyrexia.

The drugs which influence heat production and heat dispation are invaluabls as antipyretics. The first of these mentioned is antipyrine. The authors studies of this drug both experimentally and clinically furnish information which every physician who treats fevers ought to know. He gives a very careful comparison of the action of antipyrine, antifebrine, phenacetine and salicyclid acid in their influence upon temperature.

To the physician and student the book will be found a most valuable aid in understanding what to expect from these drugs in the management of all kinds of fevers. M.

PUBLISHER'S COLUMN.

Hay Fever Remedies.

Whatever may be the theory of the causation of hay fever the question to physician and patient is how shall the symptoms be relieved? Mere mention of the remedies that have been tried would almost make a treatise on materia medica.

Among these we wish to call attention to a few which have proven their efficacy. These may be conveniently described under two heads, viz.: remedies for local use and for internal administration.

Local medication may include Cocaine in 4 per cent. solution, in tablet form or in nasal bougies. A good formula for bougies is the following: Hydrochlorate of Cocaine, 1 grain; Atropine, 1-200 grain; Cocoa butter, q. s. The bougie may be held in position by a pledget of absorbent cotton soaked in cocaine solution.

Menthol may also be used with advantage in 10 to 20 per cent. solution in olive or almond oil and applied to the nasal membrane with a brush, or in spray or simply insufflated.

Fluid Extract Witch Hasel, distilled, and Fluid Hydrastis for local application are often of value in the catarrhal symptoms.

For internal administration to abort the paroxysms Grindelia Robusta, Euphorbia Pilulifera and Quebracho may be resorted to either alone or in combination. These remedies have shown their specific antispasmodic action in asthma, and accepting the neurotic origin of hay fever, must be conceded to be of service in restoring normal respiratory action in the distressing paroxysms of hay fever.

Parke, Davis & Co. supply all of these agents in eligible form, and will afford all desired information concerning them.

FOR CHIGGER BITES.—There is nothing which relieves quicker or is more easily obtained in most houses than a little soap.

FOR SALE.—A Daggett operating table for $15.00—a bargain.

The Shurly-Gibbes Formula for Pulmonary Consumption.

There are numerous formulæ which investigators, inspired by Koch's discoveries, have recently tested the virtue of in pulmonary consumption.

Among these it may now be judiciously claimed that the utility of several, which at first proved promising, has failed to be demonstrated by experiment.

The following should be regarded as still *sub judiee:* Koch's Tuberculine, Liebreich's Cantharidinate of Potash, the transfusion of the arterial blood of the goat into the veins of the tuberculous patient as suggested by Dr. Bernheim, the injection of the serum of dog's blood as suggested by MM. Hericourt and Richet, the sub-cutaneous administration of gold and manganese commended by Prof. J. B. White, Dr. Roussel's treatment by the injection of aromatic vegetable essences or perfumes. These have been tried, and the verdict at present is that they have been found wanting in the anticipated specific therapeutic effect.

The most promising method is now considered to be the injection of chemically pure iodine and chloride of gold and sodium, in connection with the inhalation of chlorine gas, as commended by Dr. E. L. Shurly, Professor of Clinical Medicine and Laryngology, Detroit College of Medicine, and Dr. Heneage Gibbes, Professor of Pathology, University of Michigan.

It is vitally essential to the proper employment of these agents that the necessary solutions should be absolutely pure and of uniform quality.

MESSRS. PARKE, DAVIS & CO. announce that, at the request of Dr. Shurly, they have prepared solutions of chemically pure iodine and chloride of gold and sodium, which are put up in one ounce bottles, and will furnish physicians with clinical reports embracing the method of using these remedies.

FOR SALE.—Beck's "Star" microscope, two eye pieces, two objectives ½ inch and ⅙ inch, giving a power of 840 diameters, substage condenser, &c., in cloth covered case, very cheap. Address P., care of this office.

"NEW Sydenham Society's Lexicon of Medicine and the Allied Sciences." By Henry Power, M. B., and Leonard W. Sedgwick, M. D., London: The new Sydenham Society. This is the most complete and valuable of medical terms ever published.

It is a very extensive work, consisting of six to eight large volumes.

It is issued in parts, the first part appearing in 1883, the latest in 1889.

The latest issue is part xvi., from Lin. to Mas., in which the word-symbol "Listerine" is thus defined:

"Listerine—A solution containing the antiseptic constituents of thyme, eucalyptus, baptisia, gaultheria, and mentha arvensis, with two grains of benzo-boracic acid in each drachm. It is recommended by J. Lewis Smith as a preventive and antidote of scarlet fever, in doses of a teaspoonful, for an adult, every three or four hours."

Tried it on the Hired Girl.

A drug clerk was recently explaining to a friend the wonderful aphrodisiac effects of the "Three Chlorides," when a prominent physician coming in was asked what experience he had had with the preparation? The physician replied, "Well, I have used it some. I have been giving it to our hired girl and it works all right with her."

"I PRESCRIBED Ponca Compound for a patient who had been subject to severe attacks of Menorrhagia at intervals of every two weeks for some years, and was so reduced thereby that she was compelled to keep her bed, and it corrected the trouble and now she has her menses every four weeks and feels perfectly well. From further experience am inclined to believe that Ponca Compound is almost a specific in many female troubles."

A. PEIRONNET, M. D.,
Cape Girardeau, Mo.

Jno. B. Johnson, M. D., Professor of the Principles and Practice of Medicine, St. Louis Medical College.

ST. LOUIS, June 20, 1888.

I very cheerfully give my testimony to the virtues of a combination of vegetable remedies prepearbdy a well-known and able pharmaceutist of this city, and known as "Dioviburnia," the component parts of which are well known to any and all physicians who desire to know the same, and therefore have no relation to proprietary or quack remedies. I have employed this medicine in cases of dysmenorrhea, suppression of the catamenia, and in excessive leucorrhea, and have been much pleased with its use. I do not think its claims (as set forth in the circular accompanying it) to be at all excessive. I recommend its trial to all who are willing to trust to its efficacy, believing it will give satisfaction.

Respectfully,
JNO. B. JOHNSON.

CHICAGO, June 13, 1891.

I AM prescribing your "Three Chloride Elixir Ferri Hydrarg et Arsenicum," with the best results almost daily. As a specific Alterative, if there be such a thing, your mixture deserves special mention, and as a thorough tonic it has given most excellent results.

Alone or in combination with the Soluble Salts of the Iodides, it fills an important place in the field of therapeutics.

Very respectfully,
DR. G. J. TOBIAS.

A New Method for Administering Suppositories.

A local physician recently had occasion to prescribe suppositories for an old colored gentleman, and was very careful to explain how they were to be used. On visiting the patient the next day he inquired of the wife if the suppository had been used as directed? "Yes sah," said the old lady, "if you means dem big pills, he done took one last night an' a powerful bad face he made too, but he done got it down."

FOR SALE.—A very fine Hartnock microscope with 3 object lenses and 3 eye pieces, substage codenser, &c., very cheap. Also, a new Tobold Laryngoscope and Mirror in case. Address this office.

FOR SALE.—A Canton Chair, second hand in good order, at a sacrifice. Address this office.